No. 5-42 17-39 X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29448

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3374

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Research Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ hrs (Specify whether

In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 5702 Scarritt (If rural, give location)

(e) Citizen of foreign country? (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME Raymond C Hughes

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 24 (Month) 1939 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
3	0	19	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name E. C Hughes
13. Birthplace Conder (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Pearl M. Tramor
15. Birthplace Kansas City (City, town, or county) Kansas I (State or foreign country)

16. (a) Informant E. C. Hughes

(b) Address 5702 Scarritt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director Mrs C R. Forster

(b) Address 918 Brooklyn

19. (a) 9/14/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 13 year 1942 hour 12:30 minute 8 pm M.

21. I hereby certify that I attended the deceased from 9/7/42, 19 to 9/13/42, 19; that I last saw him alive on 9/13/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia c̄ Embolism cerebral

Due to Infection left knee Furuncle + bruise

Due to from falling

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none done

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 123

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. D. Edmond (M.D. or other)

Address 4800 E 24th St Date signed 9/14/42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 25220

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29448

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3374

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Raymond C Hughes

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Aug (Month) 24 (Day) 1938 (Year)

8. AGE: Years 3 — Months 0 — Days ..... — If less than one day: hr. ..... min.

9. Birthplace: (City, town, or county) ..... (State or foreign country) Mo

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

13. Birthplace: (City, town, or county) ..... (State or foreign country) .....

14. Maiden name .....

15. Birthplace: (City, town, or county) ..... (State or foreign country) .....

16. (a) Informant .....

(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia & Embolism - cerebral

Due to: Furuncle Rt. Knee (which was injured by fall while playing. Subsequent)

Due to: .....

Other conditions: Cardiac - Pregnancy.
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Late Lowered + Drained
Of autopsy: Late

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) see above

(b) Date of occurrence .....

(c) Where did injury occur? At home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Swell chied - playing
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature D. D. Elmer (M. D. or other)

Address 4800 Rockhill Date signed 11/16/42

SUPPLEMENTARY