

STANDARD CERTIFICATE OF DEATH

30076

State File No. _____

Registrar's No. 64

FILED OCT 9 1942
Registration District No. 64

Primary Registration District No. 5745

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6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Keytesville, Sup. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Christian
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles N.W. Keytesville
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIE F. HUGHES

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife J. W. Hughes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 2nd 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Keytesville MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name William A. Hughes
13. Birthplace Boonville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Bennett
15. Birthplace Boonville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Murray Hughes

(b) Address Keytesville MO

17. (a) Burial (b) Date thereof Sept 6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville

18. (a) Signature of funeral director W. A. Lammert

(b) Address Keytesville MO

19. (a) 9/8/42 (b) W. A. Lammert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1942 hour 2 minute 17 M.

21. I hereby certify that I attended the deceased from Sept 4, 1942 to Sept 4, 1942
that I last saw her alive on Sept 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. endocarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 922

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Carl C. Hew (M. D. or other) _____
Address Keytesville, Mo Date signed 9/10/42

Duration

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-8-42

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytown Mo.

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

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