

FILED OCT 8 1942
Registration District No. **279**

Primary Registration District No. **4415**

Registrar's No. **20**

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

82
0
0

1. PLACE OF DEATH:
(a) County Pike
(b) City or town R.R. Clarksville Mo
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Clarksville Mo. R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johnnie Hughes
3. (b) If veteran, name War _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 16th year 1942 hour 7 minute 0 P. M.
21. I hereby certify that I attended the deceased from Jan 1st, 1941, to Sept 16, 1942, that I last saw him alive on Sept 16, 1942, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Black 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 7 1904 (Month) (Day) (Year)

Immediate cause of death Chronic
heart disease Duration 9 months
Due to unknown

8. AGE: Years 38 Months 6 Days 9 If less than one day _____ hr. _____ min.
9. Birthplace Pike Co (City, town, or county) (State or foreign country)
10. Usual occupation laborer

Due to 930
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Frank Hughes
13. Birthplace Pike Co Missouri (City, town, or county) (State or foreign country)
14. Maiden name Gussie Pearl
15. Birthplace Pike Co Missouri (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Gussie Pearl
(b) Address R.R. Clarksville Mo
17. (a) Ramsey County (b) Date thereof Sept 18-1942 (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)
18. (a) Signature of funeral director George Ward
(b) Address Pike Co
19. (a) Sept 23, 42 (b) Flourance H. Roberts (Registrar's signature)

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? _____
(Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature E. M. Bantel (M. D. or _____)
Address Clarksville Mo. Date signed 9/23/42

RECEIVED

District Health Officer No. 10

District File Number 10-42-1846

Date Filed OCT - 7 1942

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 Norman E. Gorch

Licensed Embalmer No. R. 342

P. O. Address Edina, 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.