

FILED NOV 13 1942

Primary Registration District No. 3026

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution
Vale Sanitarium
(d) Length of stay: In hospital or institution 14 days
In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 1210 S main
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME F. Liskey Mc Challen 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, widowed
6. (b) Name of husband or wife William Hughes 6. (c) Age of husband or wife if alive 1852
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 89 Years 11 Months 1 Days If less than one day

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name William Mc Challen

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

14. Maiden name Josephine Peckham

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

16. (a) Informant Mrs. Dr. J. C. Nickerson

(b) Address Independence Mo.

17. (a) Burial (b) Date thereof Oct 9 - 42

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director O. S. Mitchell

(b) Address Independence Mo.

19. (a) 10-9-1942 (b) J. McCall Ross (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1941 to Oct 7 1942 that I last saw her alive on Oct 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Supras

Due to Corbuncle of lips 2 wks

Due to Pernicious anemia 1 yr

Other conditions 7 resulting debility (Include pregnancy within 3 months of death)

Major findings: Of operations 15/11 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? (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 J. C. Nickerson (M. D. or other) Address Independence Date signed Oct 9 - 42

Duration 2 wks

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

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

48
4
4

48
4
4

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 Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Grdep. 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.