36708

V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 27 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 768

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1835 Beattie Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 30
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 1

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1835 Beattie Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George Earl Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. 491-09-2872

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Florence H. Hughes

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November (Month) 6 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	11	25	hr. min.

9. Birthplace Hamlin (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Auto. Mechanic

11. Industry or business

FATHER
12. Name Freeman Hughes
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Heddie Sherrer
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Florence H. Hughes

(b) Address 1835 Beattie St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 11-4-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st. year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from nov 1, 1942 to nov 1, 1942, that I last saw him alive on nov - 1 -, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 b	
Major findings: Of operations	
Of autopsy	

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)

(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 Will W. Grow (M. D. or other) D.O.

Address 222 Logan B Date signed nov 2/42

1233

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1958

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.