

FILED DEC 14 1942

Registration District No. 170

Primary Registration District No. 3034

Registrar's No. 43

1. PLACE OF DEATH: Howard,
(a) County Fayette,
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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: 45
(a) State Missouri (b) County Howard, 0
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fanny Grimes Hughes,
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 11
year 1942 hour 5 minute 30 P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed,
2 divorced, _____
(b) Name of husband or wife Laurance Hughes, 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased July 10th 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1942 to 11-11-1942
that I last saw her alive on 11-11-1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 4 I _____ hr. _____ min.

Immediate cause of death Acute Coronary Sclerosis
Chronic myocarditis 30 min.
5 yrs.

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

Due to _____
Due to _____

10. Usual occupation At Home, _____

Other conditions Chronic Pulmonary Sclerosis 20 yrs.
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Francis Marion Grimes,
13. Birthplace Missouri, Howard Co. _____
(City, town, or county) (State or foreign country)
14. Maiden name Adeline Mc Bride,
15. Birthplace Missouri, _____
(City, town, or county) (State or foreign country)

Major findings: None
Of operations None
Of autopsy None

16. (a) Informant Francis Hammond,
(b) Address Fayette, Mo.

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

17. (a) Burial (b) Date thereof 11-13th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery,
Guy T. Halley.

(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 MI

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

23. Signature D. L. [Signature] (M. D. or other) MD
Address Fayette Mo Date signed 11-30-42

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

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

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 Guy T. Hasey
Licensed Embalmer No. 2966
P. O. Address Fayette, Mo.

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

If this body is not embalmed, above space should be left blank.

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1-41
9288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37216
Registrar's No. 43

Registration District No. 140 Primary Registration District No. 3024

1- PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette
(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
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 Fanny Shimer Hughes

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased: July 10
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days mo If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-9-1942 (b) Ernest W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 10 Year 1942 Minute _____ M.

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

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-3721b