V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40502

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 192

24

1. PLACE OF DEATH:
(a) County CLAY
(b) City or town EXCELSIOR SPRINGS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
412 BENTON STREET
(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 17 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLAY
(c) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 412 BENTON
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) Y
If yes, name country

3. (a) PRINT FULL NAME JOSEPH MARION HUGHES

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NORA HUGHES

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased APRIL (Month) 14 (Day) 1872 (Year)

8. AGE: Years 70 Months 8 Days 1 If less than one day # hr. # min.

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

10. Usual occupation (RETIRED) SECONDHAND DEALER

11. Industry or business ## ## ##

FATHER
12. Name GABERIAL HUGHES
13. Birthplace ## ## ## MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ## ## SCHEAFFER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MRS. A. M. HOWARD
(b) Address EXCELSIOR SPRINGS MISSOURI

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Herbert Hope
(b) Address EXCELSIOR SPRINGS MO

19. (a) 12-16-42 (Date received local registrar) (b) Mrs Sadie Redmon (Registrar's signature)

1166

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1942 hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from Coroner, 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to Coroner

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Coroner

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) Coronary Occlusion
(b) Date of occurrence 12-15-1942
(c) Where did Injury occur? Excelsior Springs Clay, Mo. (City or town) (County) (State)
(d) Did Injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Proctor Coroner (M. D. or other)
Address EXCELSIOR SPRGS MO Date signed 12/16/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-8-43

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 James A Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Spgs 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.