

FILED FEB 10 1949  
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 450

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
K. C. General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 13 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2713 Jackson  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Florence Mae Hughes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased Sept. 17 1929  
(Month) (Day) (Year)

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

13 4 9 hr. min.

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

10. Usual occupation School Girl

11. Industry or business .....

12. Name Alfred W. Hughes

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

14. Maiden name Madeline Decker

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

16. (a) Informant Alfred W. Hughes

(b) Address 2713 Jackson

17. (a) Burial (b) Date thereof Jan. 29 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Haven Cem

18. (a) Signature of funeral director Mr. C. E. Foster

(b) Address 918 Brooklyn

19. (a) 1-28-49 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th  
year 1943 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1-22-43 to 1-26-43  
that I last saw him er alive on 1-26-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute appendicitis with perforation and localized peritonitis

Due to 12/1

Due to .....

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

Major findings: Perforated appendix 1-23-43

Of operations .....

Of autopsy See above

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? .....

While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature Henry R. Shon (M, D. or other)

Address Med. Dir. K. C. General Hospital Date signed .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....

*Jas. E. Heaton*

Licensed Embalmer No. *1621*

P. O. Address *968 Brooklyn*

**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.**