

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 24 1943

Registration District No. 40

Primary Registration District No. 1000

Registrar's No. 46

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:
Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da
(Specify whether years, months or days)

In this community 10 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 3824 Terrace Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Linda Gail 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, Single

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

7. Birth date of deceased February 24 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>10</u>	<u>15</u>	hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name J.W. Hughes

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

14. Maiden name Glenn Garrett

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

16. (a) Informant Mrs J.W. Hughes

(b) Address St Joseph Missouri

17. (a) Burial (b) Date thereof 1-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem Fleeman & Son Inc

18. (a) Signature of funeral director 1946 Colhoun

(b) Address..... (c) Date received local registrar 1-14-43

(d) Registrar's signature Roe Hezog

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-24-42 1942 to 1-11-43 1943 that I last saw he alive on 1-11-43 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease.

Due to.....

Due to.....

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations.....

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?..... (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 W.P. Hansen (M. D. or other).....
Address 706 Francis Date signed 1-11-43

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

MOTHER FATHER

OCT 2 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..... *Robert H. Maple*
Licensed Embalmer No. *3308*
P. O. Address *St. Joseph, 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.