S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1607

State File No.

FILED JAN 25 1943

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 36

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:
1026 Ridenbaugh 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 70 years
years, months or days)

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. 1026 Ridenbaugh Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas B. Hughes

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

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

8. AGE: Years 70 Months 7 Days 6 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name William James
13. Birthplace Williamton (City, town, or county) No. Carolina (State or foreign country)

MOTHER
14. Maiden name Nancy Duncan
15. Birthplace Maysville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. G. W. Cross (Sister)
(b) Address R.R.#6, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-1943 (Month) (Day) (Year)
(c) Place burial or cremation Register Cemetery St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meischoffer
(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 1-12-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

1233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th.
year 1943 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1-43, 19 , to Jan 7, 1943
that I last saw her alive on Jan 7, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to hypertension	
~~Due to~~ Myocarditis	
Other conditions arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

934

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 Collis Ramsey (M. D. ~~or other~~)
Address 7 Art Bra Crest Bldg Date signed Jan 11 43

(Licensed Embalmer's Statement on Reverse Side)

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 Leo 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.