

1-4-41
17-39
X26990

FILED MAR 8 1943

State File No. _____

Registration District No. 242

Primary Registration District No. 6153

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. Near Burlington
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY V HUGHES

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1943 hour 4 minute 50 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife John Hughes 6. (c) Age of husband or wife if alive 76 years

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

21. I hereby certify that I attended the deceased from Feb 10 1943 to Feb 14 1943
that I last saw her alive on Feb 10 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>7</u>	hr. min.

Immediate cause of death Acute Endocarditis

Due to Inflammatory Rheumatism

9. Birthplace Burlington Co. Illinois
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: 588
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name John Livingston

13. Birthplace Burlington Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Anna O. Carr

15. Birthplace Burlington Co. Illinois
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mr. John Hughes

(b) Address Burlington, Mo.

17. (a) Burial (b) Date thereof Feb-16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Point Cem.

While at work? _____ (Specify type of place)
(c) Means of injury _____

18. (a) Signature of funeral director Edward S. Morgan

(b) Address Adamsell, Missouri

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

23. Signature E. C. Masters (M. D. or other) Dr.

Address Adamsell, Mo. Date signed 3/5/43

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

MOTHER FATHER

1131

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

(Not Embalmed)

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 20 1943
Registration District No. _____

Primary Registration District No. 101 53

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rock Point Rural
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Swanton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
(b) Name of husband or wife John Hughes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 7 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days _____ (If less than one day, _____ min.)

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

10. Usual occupation housewife

11. Industry or business _____

12. Name John Livingston
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Dorcas Elms
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Hughes
(b) Address Swanton, MD
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 2-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Rock Point Cem

18. (a) Signature of funeral director Hayden S. Morgan
(b) Address Adams, MD
19. (a) 3/20 1943 (Date received local registrar) (b) (M. P. Theodore) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 Year 1943 hour _____ minute _____ M.

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

Immediate cause of death acute Endocarditis
Inflammatory Rheumatism

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)
(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 E. E. Masters (M. D. or other) 200
Address Adams, MD Date signed 3/20/43

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

MOTHER FATHER

SUPPLEMENTARY

7863