

18701

S. No. 2
11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1949
Registration District No. 276

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Primary Registration District No. 5944

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town St James Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Dawson Ave.
(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 Mo (b) County Phelps
(c) City or town St James Rural 81
(If outside city or town limits, write "RURAL")
(d) Street No. Dawson Ave
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 1
year 1943 hour 11 00 minute 0 P. M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Mary J. Mallock
6. (c) Age of husband or wife if alive dead years _____
7. Birth date of deceased 11-29-1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1943 to May 1 1943
that I last saw him alive on April 8 1943
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 89 Months 5 Days 2
If less than one day _____ hr. _____ min.

Duration _____
Chronic Suppuration of Prostate Gland
Physician [Signature]

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

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
1370

10. Usual occupation Farmer

Major findings: _____
-Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John C. Hughes
13. Birthplace Tela, Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Eve Smith
15. Birthplace Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Hughes
(b) Address Rosalie Mo

17. (a) Buried (b) Date thereof 5-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hughes

18. (a) Signature of funeral director W. H. Schuler
(b) Address St James Mo

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? _____

19. (a) 5-17-1943 (b) Charles Dickson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature William Brewer (M. D. or other) _____
Address St James Mo Date signed 5/17/43

