WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 20 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19174

Do not use this space.

1. PLACE OF DEATH
(a) County Saline — Registration District No. 324
(b) Township Marshall — Primary Registration District No. 6093 — Registered No. 89 97
(c) City Marshall — (d) Street No. 21 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vina Maye Hughes
(a) Residence, No. 8 Huston Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. ~~COLOR OR RACE~~ W
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)~~ Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1917

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
25	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huston Mo.

FATHER
13. NAME Huston A. Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Laura C. Hursh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mo. State School Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield Mo. DATE April 20 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Marshall Mo.

20. FILED 4-18 1943 Mrs T. O. Westbrook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1943, to April 17, 1943
I last saw her alive on April 17, 1943 Death is said to have occurred on the date stated above, at 4:52 m.
The principal cause of death and related causes of importance were as follows:

Epilepsy

Date of onset

85

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) L. S. James, M. D.
(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

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.....J. Leslie Summy

Licensed Embalmer No. 3235

P. O. Address.....Marshall 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, above space should be left blank.