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17-39
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FILED NOV 18 1943 6 3
Registration District No.

6241
Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural-Madison Township
(c) Name of hospital or institution: XXXXXXXX
(d) Length of stay: In hospital or institution XXX (Specify whether In this community XXXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cedar
(c) City or town Rural-Madison Township
(d) Street No. XXX
(e) Citizen of foreign country? no (Yes or No) If yes, name country. XXX

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 8 year 1943 hour 8 minute 50 A.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Riley Hughes (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased April 16, 1860 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-29 1942 to 9-3-1943 that I last saw her alive on 9-3-1943 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 4 Days 22 If less than one day XXX hr. X X min.

Immediate cause of death Senility
Duration

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

Other conditions (Include pregnancy within 3 months of death) 162 f

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business X XXX

Of autopsy

12. Name Ervin Cordell
13. Birthplace Illinois (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Martha Wright
15. Birthplace Illinois ??? (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) Burial (b) Date thereof 9-9-1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie Church and Neale

18. (a) Signature of funeral director (b) Address Stockton, Missouri

19. (a) Oct. 18, 1943 (b) Roy Sparks (Date received local registrar) (Registrar's signature)

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 Wm. B. Ritter (M.D. or other) Address Stockton, Mo Date signed 9/14/43

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

MOTHER FATHER

RECEIVED
District Health Officer No. 71
District File Number 10-43-1189
Date Filed 11-8-43

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town 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) (Specify whether _____)

3. (a) PRINT FULL NAME Mertilee Hughes

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W

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

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

7. Birth date of deceased April 16 - 1922
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 12 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Eddie Hughes

(b) Address Hair Day Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov. 26, 1943 (Date received local registrar) (b) E. Lloyd Spades (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 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 _____

Due to _____

Due to _____

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

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) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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