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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39322

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

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

1. PLACE OF DEATH:
(a) County **Stoddard**
(b) City or town **Rural**
(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 **X**
In this community **Since 1939** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Rural**
(d) Street No. **X** (If rural, give location)
(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Medicus Inzer Hughes**
3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **23**
year **1943** hour **11** minute **P.** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lela Bell** 6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **3 4 1903**
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
40 7 19 hr. **X** min.

Immediate cause of death **Burned to death in his home, where home was destroyed by fire** Duration
Due to _____
Due to _____

9. Birthplace **Blunt CO. Ala.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation
11. Industry or business **Farmer**

PHYSICIAN
Underline the cause to which death should be charged statistically.
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MOTHER FATHER
12. Name **Wm. R. Hughes**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **BessLee Dyer**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Lela Bell Hughes**
(b) Address **Sikeston R.F.D. # 1 BX 134**
17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cremation no**
18. (a) Signature of funeral director **John Albritton**
(b) Address **Sikeston Mo.**
19. (a) (Date received local registrar) (b) (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) (c) Means of injury **3**
23. Signature **Pres Hearn, Acting Coroner**
Address **Bloomfield, Mo.** Date signed

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4/43

HEALTH
DEATH

RECEIVED

District Health Office No. 2,

District File Number 1143-1364

Date Filed 11-1-43

State File No. _____
Registrar's No. _____
DECEASED: _____
(b) County: _____
Town (include name "RURAL") _____
City (location) _____
(Yes or No) _____
M. _____
to _____
to _____

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NOV 2 1943

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 John Alenton
Licensed Embalmer No. 2941
P. O. Address Superior Ave

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.