

FILED JAN 15 1946

Registration District No.

Primary Registration District No. 3026

Registrar's No. 353

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Vail Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Months  
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 131 E Short St Independence Mo  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Mrs. Deborah Hughes

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Thomas Hughes 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept 13 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Merrion County Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Elija Ritter

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mendenhall

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles L. Buga

(b) Address 4302 N. Lowell

17. (a) Burial (b) Date thereof 1-13-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Independence Mo

18. (a) Signature of funeral director Ott Mitchell

(b) Address 1100 N. Main Independence Mo

19. (a) 1-31-43 (b) James C. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31  
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Dec 30 1943 to Dec 31 1943  
that I last saw her alive on Dec 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to arteriosclerosis

Due to

Other conditions (Includes pregnancy within 3 months of death) 83a!

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) (e) Means of injury

23. Signature J. H. ... (M. D. or other)

Address Independence Mo Date signed Dec 31

Duration 48 hrs  
Physician 83a!  
Underline the cause to which death should be charged statistically.

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

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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, fact should be so stated above.**