

FILED JAN 10 1948

Registration District No. 4884

Primary Registration District No. 7299

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County LINN

(b) City or town Bucklin
(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 43 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Bucklin 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ 0 years.

3. (a) PRINT FULL NAME BERNARD JOHN Hughes

(b) If veteran, name war _____

(c) Social Security No. 799-18-3257

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Flora Hughes 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 25 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>6</u>	<u>17</u>	hr. min.

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

10. Usual occupation Railroading

11. Industry or business Section Hand

12. Name Nichol Hughes

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

14. Maiden name Mary Thomas

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

16. (a) Informant Flora Hughes

(b) Address Bucklin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Bucklin Mo.

18. (a) Signature of funeral director Erson Funeral Home

(b) Address Bucklin Mo.

19. (a) Dec. 13, 1943 (Date received local registrar) (b) Erson W. Leaman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12, year 1943 hour 7 minute 5 P.M.

21. I hereby certify that I attended the deceased from 3/16/43, 19____, to 12/12/43, 19____; that I last saw him alive on 12/12/43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis

Due to Hemorrhage from elbow

Due to Sarcoma of left arm

Other conditions (Include pregnancy within 3 months of death) 25

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W. H. Leaman (M. D. or other) _____
Address Bucklin, Mo. Date signed 12/13/43

MAR 6 1953

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.....

E. A. Larson

Licensed Embalmer No.....

4037

P. O. Address.....

Bucklin, 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.