

No. 2
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-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11122
Registrar's No. 21

Registration District No. 140

Primary Registration District No. 4229

1. PLACE OF DEATH:
(a) County Howard
(b) City or town New Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard ⁴⁵
(c) City or town New Franklin Mo. ³
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ¹

3. (a) PRINT FULL NAME CHARLIE HUGHES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 14
year 1944 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from Dec. 21
_____, 1942, to _____, 1942

4. Sex Male 5. Color of face Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Jordan 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased: Nov. 25 1914
(Month) (Day) (Year)

that I last saw him alive on Dec., 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Exhaustion Duration _____

8. AGE: Years 75 Months 3 Days 19 If less than one day _____ hr. _____ min.

Due to Senility
Due to _____
Other conditions Indigestion
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations _____
Of autopsy _____
11813
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Labour

11. Industry or business odd jobs
MOTHER FATHER { 12. Name Frank Hughes
13. Birthplace Howard Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Kingsbury
15. Birthplace Howard Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Hughes
(b) Address New Franklin Mo.
17. (a) Burial (b) Date thereof 3/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) 0 (County) 0 (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? 0 (Specify type of place) (e) Means of injury 0

18. (a) Signature of funeral director E. S. Newberry
(b) Address New Franklin Mo.
19. (a) 3-21-1944 (b) Ernest McMiller
(Date received local registrar) (Registrar's signature)

23. Signature M. S. McGuire (M. D. or other)
Address Boonville Mo. Date signed 3/20/44

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

4-11-47

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

W. L. Hall

Licensed Embalmer No.

3515

P. O. Address

New Preston, Md.

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.