

FILED APR 13 1944

Registration District No. 186

Primary Registration District No. 5693

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Dawn *R.V. o Mount Juny*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Delivery-Dawn, Missouri.
(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 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

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

(d) Street No. General Delivery-Dawn, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Olive Ann Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.
year 1944 hour 2:00 minute _____ P: M.

4. Sex Female / Color or race White

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

6. (b) Name of husband or wife Garfield Hughes

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 4th. 1895.
(Month) (Day) (Year)

8. AGE: 48 Years 9 Months 4 Days
If less than one day _____ hr. _____ min.

21. I hereby certify that I attended the deceased from Jan 2 1944, to March 8 1944
that I last saw her alive on March 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cancer of uterus metast to lung & liver.

Due to _____

Due to None

Duration
9 mo

9. Birthplace Seattle Washington
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

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

11. Industry or business _____

MOTHER FATHER { 12. Name Charles M. Thorn

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Jones

{ 15. Birthplace Wales (U.S.)
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Garfield Hughes

(b) Address Dawn, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-'44
(Month) (Day) (Year)

(c) Place: burial or cremation Welsh Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) 3-10-1944 (Date received local registrar) (b) Mary E. Driffiths (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 _____

23. Signature P. A. Burman (M. D. or other) 0
Address Chillicothe, Mo Date signed 3/10/44

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

59
0
0

59
0
0

MOTHER FATHER

1005

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.....

..... E. R. Norman Registered Apprentice No.....
working under my personal supervision.

Signed ER Norman.....

Licensed Embalmer No. 2374.....

P. O. Address Chillicothe, 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.