

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11711

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Near Sedalia, Missouri
(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
In this community Entire Life
years, months or days

3. (a) PRINT FULL NAME Hugh Gene Arrington

3. (b) If veteran, name war 3. (c) Social Security No. 486-12-5130

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nola Blanche Arrington 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased August 3 1914
(Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Houstonia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

12. Name Jay Arrington

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

14. Maiden name Gertie Weathers

15. Birthplace Sweet Springs Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. G. Arrington

(b) Address Slater, Missouri

17. (a) Burial (b) Date thereof 3/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 3-20-44 (b) In Anne Decker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Slater
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1944 hour minute P. M.

21. I hereby certify that I attended the deceased from 3-19-44 to 19-44

that I last saw him alive on 19-44 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries resulting in Automobile accident Broken neck
Due to other injuries

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident

(b) Date of occurrence 3-19-44 8:00

(c) Where did injury occur? Near Sedalia Pettis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway

While at work? (Specify type of place)

(e) Means of injury Automobile

23. Signature M. J. Bishop Coroner
Address Sedalia Mo 3 Date signed 3-20-44

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

Hughes v. Burlington

RECEIVED

Deputy Health Officer No. 8,

District File Number

Date Filed

4-12-47

AUG 20 1945

APR 11 1945

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

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Bedalia, 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.