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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22194
State File No.

FILED JUL 10 1944
Registration District No. 212

Primary Registration District No. 5912

Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Steele - Rural R. 2. Box 120
(If outside city or town limits, write "RURAL")
(d) Street No. Virginia Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annie Lou Hughes
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19
year 1944 hour 5 minute 00 P. M.
21. I hereby certify that I attended the deceased from on June 19, 1944 (12 Noon), 1944
that I last saw her alive on June 19, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June, (Month) 14, (Day) 1944 (Year)

Immediate cause of death _____
Due to (Convulsions) cerebral hemorrhage
Due to _____
Other conditions (include pregnancy within 3 months of death) 86

8. AGE: Years _____ Months _____ Days 5 If less than one day _____ hr. _____ min.
9. Birthplace Steele, Pemiscot Co., Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None

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

MOTHER FATHER
11. Industry or business _____
12. Name Willie Hughes
13. Birthplace Freedom, Ky
(City, town, or county) (State or foreign country)
14. Maiden name Opal Marie Normal
15. Birthplace Whiteville, Tenn.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Willie Hughes
(b) Address Steele, Mo. R. 2. Box 12
17. (a) Burial (b) Date thereof June 20 '44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Beasley Grove Cem.
18. (a) Signature of funeral director None
(b) Address _____
19. (a) June 20 '44 (b) Barthelmy Hamra
(Date received local registrar) (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) (e) Means of injury _____
23. Signature J. W. Robbins (M. D. or other) _____
Address Steele, Missouri Date signed 6. 20 '44

6-44-156

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.....

Licensed Embalmer No.....

P. O. Address.....

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.