

Registration District No. 174 Primary Registration District No. 5644

1. PLACE OF DEATH  
(a) County Lopayette  
(b) City or town Luxington  
(c) Name of hospital or institution 4 Mrs. S. Luxington  
(d) Length of stay: In hospital or institution 15 yrs  
In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Lopayette  
(c) City or town Luxington  
(d) Street No. 4 Mrs. S. Luxington  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLEY HUGHES  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 11  
year 1944 hour 11 minute 40 A.M.  
21. I hereby certify that I attended the deceased from 9-10  
1944 to 10-11 1944

4. Sex ma 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Virginia Day  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased 21 1865

that I last saw him alive on 10-11 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary occlusion

8. AGE: Years 78 Months 9 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Smility  
Due to \_\_\_\_\_  
Other conditions 94a  
(Include pregnancy within 3 months of death)

9. Birthplace Benton Co. MO  
10. Usual occupation Farmer

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

11. Industry or business \_\_\_\_\_  
12. Name James Hughes  
13. Birthplace not known  
14. Maiden name Martha Ogan  
15. Birthplace not known

16. (a) Informant Virginia Hughes  
(b) Address Luxington, MO  
17. (a) Removal (b) Date thereof 10-12-44  
(c) Place: burial or cremation Hughesville, MO  
18. (a) Signature of funeral director Edmund F. Murphy  
(b) Address Luxington, MO  
19. (a) Oct 12-44 (b) Mrs. Fred Schwal

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? \_\_\_\_\_  
(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 Leif S. Smith (M. D. or other) \_\_\_\_\_  
Address Luxington, MO Date signed 10-12-44

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

4  
3  
2

OCT 27 1944

RECEIVED  
Director's Office  
Class File  
Dck. Filed 10-23-44

Order No. 8

NOV 1 1944

**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 Farrist J. Lumper

Licensed Embalmer No. 3275

P. O. Address Washington, Va

**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.**