

No. 2
-5-43
-17-39
X36671

FILED NOV 28 1944
Registration District No. **138**

Primary Registration District No. **3037**

Registrar's No. **138**

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

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Lawrence**
(c) Name of hospital or institution: **X**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **3 yrs**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**
(c) City or town **7th Vernon** 55
(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 _____

3. (a) PRINT FULL NAME **William Taylor Hughes**
(b) If veteran, name war **X**
(c) Social Security No. **3**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
(b) Name of husband or wife **Mary Ellen Hugs** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **Aug 1 - 1869**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **18** If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business **Agriculture**

12. Name **William Riley Hughes**

13. Birthplace **Georgia**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Mathews**

15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs A E Martin**

(b) Address **Kansas City Mo**

17. (a) **Burial** (b) Date thereof **Oct 23-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sinking Creek Cemetery**

18. (a) Signature of funeral director **Geo B Cox**
(b) Address **721 1/2 Vernon**

19. (a) **Oct 2/44** (b) **Audrey Crawford**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **19** year **1944** hour **5** minute **PM**
21. I hereby certify that I attended the deceased from **Mar 1** 1942 to **Oct 18** 1944
that I last saw him alive on **Oct 18** 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure (Ventricular)**
Due to **Ch Myocarditis**
Due to **Post**

Other conditions **Post-prostatectomy**
(Include pregnancy within 3 months of death)
Urinary Infection

Major findings: Of operations **930**
Of autopsy _____

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 **Rossett Love MD** (M. D. or other)
Address **7th Vernon Mo** Date signed **10/23/44**

Duration **100** minutes
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 1144-1243

Date Filed NOV 24 1944

OCT 1 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: Geo. B. Owen

Licensed Embalmer No. 946

P. O. Address 7th Union 7270

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.