S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1945

Registration District No. 187

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41533

Primary Registration District No. 3040

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

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

(d) Street No. 212 Walnut Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME FORREST LILBERT HUGHES

3. (b) If veteran, name war No

3. (c) Social Security No. 493-14-5354

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased June (Month) 23rd. (Day) 1917 (Year)

8. AGE:

Years	Months	Days	If less than one day
27	5	14	hr. min.

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

10. Usual occupation Truck Transport Driver

11. Industry or business Gas Transport

FATHER
12. Name Kelly Hughes
13. Birthplace Livingston County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dolly Cutshall
15. Birthplace Livingston County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Hughes
(b) Address Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9- '44 (Month) (Day) (Year)
(c) Place: burial or cremation Wheeling, Missouri.

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri.

19. (a) Dec 9 1944 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th.
year 1944 hour 11:50 minute A: M.

21. I hereby certify that I attended the deceased from Nov 29, 1944 to Dec 7 1944
that I last saw him alive on Dec 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death 2 & 3rd degree burns of legs, thigh, bullox face & forests

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 9 days.

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PHYSICIAN
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 059
(b) Date of occurrence Nov 29 1944
(c) Where did injury occur? Chillicothe Livingston Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Gasoline service station
(Specify type of place)
While at work? Yes (e) Means of injury Gasoline fire

23. Signature G W Carpenter (M. D. or other)
Address Chillicothe Mo. Date signed Dec 7/44

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(Licensed Embalmer's Statement on Reverse Side)

OCT 18 19[illegible]

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~~ Elmer Thomas, Registered Apprentice No. ....., working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.