

S. No. 2  
M-8-43  
5-17-39  
P1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42299

FILED JAN 13 1945

State File No. ....

Registration District No. 367

Primary Registration District No. 4530

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Richards  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City of Richards  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 80 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 102  
(c) City or town Richards  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. --  
(If rural, give location)  
(e) Citizen of foreign country? 11 (Yes or No)  
If yes, name country 11

3. (a) PRINT FULL NAME

Lula P. Hughes

3. (b) If veteran, name war "

3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Roland Hughes 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased Nov 27, 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>-</u>	<u>6</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name R. F. Wall  
13. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Sally Geery  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Fields

(b) Address Richards Mo

17. (a) Burial (b) Date thereof 12-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Cem, Rich.

18. (a) Signature of funeral director Konantz Mortuary

(b) Address Fort Scott, Kansas

19. (a) Dec-8, 1944 (b) Mrs. W. Charles  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1944 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1942 to Dec. 3, 1944  
that I last saw her alive on Dec. 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid 2 yrs

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 4/6

Major findings: Of operations .....

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? MO  
While at work? (Specify the place) (Specify the means of injury) .....

23. Signature [Signature] (M. D. or other) [Signature]  
Address Nebraska, Mo Date signed 12-6-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 28 1950

RECEIVED

District Health Officer No. 7,

Number 12-44-1504  
Date Filed 1-12-40

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, H.H.

|||||  
Registered Apprentice No.

|||||  
working under my personal supervision.

Signed H.H. Kromantz

Licensed Embalmer No. 2980

P. O. Address Fort Scott, Kansas

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.