

Registration District No. **316**

Primary Registration District No. **6074**

Registrar's No. **296**

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Warthen ma
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Randolph
(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 ma (b) County St Francois
(c) City or town Warthen ma
(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 MARTIN ANDREW HUGHES
3. (b) If veteran, name war _____ 3. (c) Social Security No 494-07-2793

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 4 year 1945 hour 9 minute 50 a.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gertrude Hughes 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec 22 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 1945 to Jan 4 1945 that I last saw him alive on July 4 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 0 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death Cardiac insufficiency

9. Birthplace St James ma
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation miner

Major findings: Of operations 90

11. Industry or business St Joseph Lead Co

Of autopsy _____

12. Name Harry Hughes

13. Birthplace St James ma
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Rose

15. Birthplace St James ma
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Hughes

(b) Address Warthen ma

17. (a) Burial (b) Date thereof 1-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck ma

18. (a) Signature of funeral director C. J. Boyer

(b) Address Desloge ma

19. (a) 1-24-45 (b) Dorothy Tolson
(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 A. Traubitz (M. D. or other) _____

Address Leadwood mo Date signed 1/8/45

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

4
0
0

RECEIVED

District Health Officer No. 4

District File Number 245-272

Date Filed 2-20-45

FEB 20 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 C. J. Burger

Licensed Embalmer No. 1671

P. O. Address Dunwoody 110

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.