

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14304**

Registration District No. **285** Primary Registration District No. **5979** Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Polk**

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

(c) Name of hospital or institution: **East Part of Aldrich** (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **Life** years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**

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

(d) Street No. **East Part of Aldrich** (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Unnie Viola Hughes**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **30** year **1945** hour **1:15** minute **P** M.

21. I hereby certify that I attended the deceased from **March 12-48** to **March 19**, 19**45**.

that I last saw h. **w** alive on **Mar. 19** and that death occurred on the date and hour stated above.

5. Color or race **White**

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

6. (b) Name of husband or wife **Charley H. Hughes**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Feb. 9, 1877**

Immediate cause of death **Apoplexy** Duration _____

Due to **First Attack March 12th 1945**

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	68	1	21	hr: _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace **Aldrich Missouri**

10. Usual occupation **House Keeper**

11. Industry or business **House Work**

12. Name **William Stevens**

13. Birthplace **Ohio**

14. Maiden name **Estella Frizzell**

15. Birthplace **Ohio**

16. (a) Informant **Charley H. Hughes**

(b) Address **Aldrich**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 4, 1945**

(c) Place: burial or cremation **Pleasant Ridge Cemetery**

18. (a) Signature of funeral director **Erwin Kline**

(b) Address **Balmar, Mo.**

19. (a) **April 4-45** (b) **Rose Stewart** (If 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 **J. W. Barber MD.** (M, D or other) _____

Address **Hopkint Grove Mo** _____

1198

(Licensed Embalmer's Statement on Reverse Side)

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

William B. Ewing

Licensed Embalmer No.....

3092

P. O. Address

Polunac 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.