. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Montgomery
State File No. 14777

FILED APR 13 1945

Registration District No. 13 8945 Primary Registration District No. 4515 Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Sullivan 105
(c) City or town Milan 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Ada Finnell Hughes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F M 3
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Howard Hughes
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec (Month) 26 (Day) 1877 (Year)

8. AGE: Years 67 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Charlton Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Alfred Finnell
13. Birthplace Va. (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Elizabeth Hawkins
15. Birthplace Va. (City, town, or county) / (State or foreign country)
16. (a) Informant Howard Hughes
(b) Address Milan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood - Milan
18. (a) Signature of funeral director Schoene Funeral Dir
(b) Address Milan Mo
19. (a) April 2 45 (Date received local registrar) (b) Mrs L. D. Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 1945 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 1944, to March 15, 1945
that I last saw her alive on Feb. 14, 1945, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden heart failure. | Duration
Due to Hypertension and disease of mitral & aortic valves. | not known
Due to
Other conditions Asthma
(Include pregnancy within 3 months of death)
Major findings:
Of operations 92 A
Of autopsy

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)
(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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. S. Montgomery (M. D. or other)
Address Milan Mo. Date signed 3-17-45

1190 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-45-714
Date Filed APR 16 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. ~~2667~~, working under my personal supervision.

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan, 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.