

FILED MAY 28 1945
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 394

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
609 HOVEY
(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 **MO.** (b) County **GREENE**
(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")
(d) Street No. **609 HOVEY**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **RAY H. HUGHES.**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **491-03-0811**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **EMILY E. HUGHES** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **APRIL 17 1900**
(Month) (Day) (Year)

8. AGE: Years **45** Months **0** Days **26** If less than one day
 hr. min.

9. Birthplace **LOUIS BURG MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **GROCERMAN**

11. Industry or business **GROCERY**

12. Name **WALTER HUGHES**

13. Birthplace **LOUIS BURG MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **FANNIE MARSH**

15. Birthplace **UNK. UNK.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emily E. Hughes**

(b) Address **Springfield, MO.**

17. (a) **Burial** (b) Date thereof **5-15-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nazareth**

18. (a) Signature of funeral director **J. W. Ingner**

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

19. (a) **5-15-45** (b) **W. S. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
year **1945** hour **6** minute **15** A.M.

21. I hereby certify that I attended the deceased from **10-18**
1944 to **5/13** **1945**

that I last saw him alive on **5/12** **1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemiplegia**

Duration

2 wks

Due to **Arteriosclerosis**
& Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **gnd**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **C. E. Feller** (M. D. or other)

Address **Springfield, Mo.** Date signed **5/14/45**

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

MOTHER FATHER

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 Ray A. Levine
Licensed Embalmer No. 1763
P. O. Address Springfield 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.

X