

FILED SEP 12 1945  
Registration District No. 116

Primary Registration District No. 3020

State File No. \_\_\_\_\_

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days. (Specify whether years, months or days)

In this community 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Villa Ridge 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country X

3. (a) PRINT FULL NAME James Hewitt Hughes.

3. (b) If veteran, name war. X

3. (c) Social Security No. 126-12-4184

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased: June 2nd 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 2 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation Helper in kitchen.

11. Industry or business X

MOTHER FATHER

12. Name Unknown.

13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown. Unknown.

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

16. (a) Informant Louis Eckelkamp

(b) Address Villa Ridge, Mo.

17. (a) Burial (b) Date thereof Aug. 17, 1945.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nielburg & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) 8-16-45 (b) Lucille Ruetter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th,  
year 1945, hour 7:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 14, 45  
to Aug 16, 1945;  
that I last saw him alive on Aug 16, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction

Due to Acute Nephritis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 130

Of autopsy \_\_\_\_\_

Duration

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) (c) Means of injury \_\_\_\_\_

21. Signature [Signature] (M. D. or other) [Signature]

Address Washington, Mo. Date signed 8/17/45

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

1181

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-10-45

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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed D. J. Meiberg

Licensed Embalmer No. 2387

P. O. Address Washington, D.C.

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.