V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

48
3
8

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

FILED OCT 1 1945

State File No. 29715

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3911

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 1524 E 49th STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - (Specify whether
In this community 27 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON Ho

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1524 E. 49th STREET
(If rural, give location)

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

If yes, name country - - - - -

3. (a) PRINT FULL NAME MR. ERNEST QUARLES HUGHES

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE O

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ERNA HUGHES

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased APRIL - 16 - 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	5	4	hr. min.

9. Birthplace RICHMOND MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED DRUGGEST

11. Industry or business RETIRED 12 YEARS

FATHER
12. Name BERRY HUGHES
13. Birthplace RICHMOND MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY ALICE SMITH
15. Birthplace LEXINGTON MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ERNA HUGHES
(b) Address 1524 EAST 49TH STREET

17. (a) CREMATION (b) Date thereof SEPT-22-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ CREMATION D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-21-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 20th
year 1945 hour 7 minute 27 P M.

21. I hereby certify that I attended the deceased from 6/1, 1945, to Sept 20, 1945
that I last saw him alive on 9/20/45, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	Don't know
Due to	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	Don't know

Major findings:
Of operations
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

23. Signature J E Ball O (M. D. ~~or other~~)
Address 1102 E 47th Date signed 9/21/45

(Licensed Embalmer's Statement on Reverse Side)

Crooks Centre Bldg

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K. C. 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.