

FILED OCT 15 1945

Registration District No. 44

Primary Registration District No. 4061

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: Braymer 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Dawn Washington Twn Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret J. Hughes

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

3. (c) Social Security No. ---

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased Dec. 29 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months XXX Days 8 13
If less than one day hr. min.

9. Birthplace So. Wales
(City, town, or county) (State or foreign country)

10. Usual occupation home maker

11. Industry or business _____

12. Name William R. Hughes

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

14. Maiden name Ether J. Hughes

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

16. (a) Informant Joe Hughes

(b) Address Dawn, Missouri

17. (a) Burial (b) Date thereof 9-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth Cem.

18. (a) Signature of funeral director Edward J. Mead

(b) Address Braymer Mo

19. (a) 9-15-45 (b) Jean Miller
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1945 hour 8 minute 00 a.m.

21. I hereby certify that I attended the deceased from Sept. 7 1945 to Sept 12 1945, that I last saw her alive on Sept 12 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Sept 7 Hepatitis 4 hrs

Due to Primary Anemia

Due to Hepatic Carcinoma

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

Major findings: _____

Of operations 468

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) (Means of injury)

23. Signature John R. Crank
Address Braymer Mo Date signed 9/13/45

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

13
0

1427

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 Donald F. Mead
Licensed Embalmer No. 2801
P. O. Address Braymer 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.