

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

36816

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 28 1945

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 381

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(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 Hospital
In this community 2 weeks
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Seventy Six 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 1

3. (a) PRINT FULL NAME

James E. Hughey

3. (b) If veteran, name war

3. (c) Social Security

No 702-03-8158

20. DATE OF DEATH: Month November Day 18

year 1945 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from

11-17-45 to 11-18-45 1945

that I last saw him alive on 11-18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Infarction
Myocarditis

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Suppurative Myocarditis

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 _____ (M. D. or other)

Address Cape Girardeau Date signed 11/26/45

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mary Hughey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 3 1881
(Month) (Day) (Year)
8. AGE: Years 64 Months 3 Days 15 If less than one day hr. _____ min. _____
9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name James R. Hughey
13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cloumbus Farrar
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Robert F. Hughey
(b) Address Seventy Six Mo.
17. (a) Burial (b) Date thereof 11-21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Mo Perry Co.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 11-28-1945 (b) La C. Summers
(Date received local registrar) (Registrar's signature)

1509 (Licensed Embalmer's Statement on Reverse Side)

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

16
4

RECEIVED

District Health Officer No. 4
District File Number 1245-139
Date Filed 1-2-6-45

RECEIVED

JAN 7 1946

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 Walter Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.