

FILED NOV 16 1945
Registration District No. 18

Primary Registration District No. 5698

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural - Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether _____)
In this community Life years, months or days

3. (a) PRINT FULL NAME

Charley Hughes

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: Jessie Hughes
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: August 11 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 23 - hr. - min.

9. Birthplace: Livingston Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER

12. Name: Harrison Hughes
13. Birthplace: Livingston Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Harnet Graves
15. Birthplace: Livingston Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jessie Hughes

(b) Address: R.F.D. Chilliacoche, Mo.

17. (a) Burial (b) Date thereof: 10/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Pleasant Cemetery

18. (a) Signature of funeral director: Donald P. Gordon

(b) Address: Chilliacoche, Missouri

19. (a) Oct. 6, 1945 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Jackson Twp. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1945 hour 1 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____ 1945 to _____ 1945
that I last saw him alive on _____ 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver
Duration: 2 wks

Due to _____

Due to _____

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

Major findings: Hof
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? _____

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

23. Signature: H. J. Russell (M.D. or other) _____
Address: Chilliacoche, Mo. Date signed: 10/5/45

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

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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 Ronald F. Gordon
Licensed Embalmer No. 4191
P. O. Address Chillicothe, 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.