S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 42732

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 149

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: Nevada Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 109

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

(d) Street No. 853 East Western (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Earl G Hughes

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

6. (a) ~~Single~~, ~~widowed~~, ~~married~~, divorced 3

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 23 (Day) 1884 (Year)

8. AGE: Years 61 Months 8 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Deerfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business .....

FATHER
12. Name James G. Hughes
13. Birthplace Deerfield (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hannah Martha Pittsburg
15. Birthplace Watteroo (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs John C Lady

(b) Address 1504 N. Main St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9 1945 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo.

19. (a) 12-31-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

1899

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 3, 1945, to Dec 7, 1945; that I last saw him alive on Dec 7, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocardial insufficiency	
Due to	
Due to	
Other conditions: Chr. Bronchiectasis (Include pregnancy within 3 months of death)	
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 F L Martin (M. D. or other) MD

Address Nevada Mo Date signed 12-13-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1946

[illegible] Officer No. 7

District File Number 12-45-1287

Date Filed 1-9-46

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 Md

, Registered Apprentice No.

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.