

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
**FILED MAR 11 1946 STANDARD CERTIFICATE OF DEATH**

STATE BOARD OF HEALTH OF MISSOURI

State File No. **5249**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **109**

**1. PLACE OF DEATH:**  
 (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Springfield City Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Enoch Hughes

**3. (b) If veteran, name war** none **3. (c) Social Security No.** UNK.

**4. Sex** male **5. Color or race** white **6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** UNK. **6. (c) Age of husband or wife if alive** UNK. years

**7. Birth date of deceased** June UNK. 1859  
(Month) (Day) (Year)

**8. AGE:** Years 85 Months 8 Days UNK. If less than one day hr. min.

**9. Birthplace** UNK. June 1  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired machinist

**11. Industry or business** R.R. machinist

**12. Name** Abner Hughes

**13. Birthplace** UNK. June 1  
(City, town, or county) (State or foreign country)

**14. Maiden name** Polk Ann Ann

**15. Birthplace** UNK. June 1  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. V. F. Powell

**(b) Address** Monisville Mo.

**17. (a) (Burial, cremation, or removal)** Burial **(b) Date thereof** Feb 3 - 1946  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Green Lawn Cem. Springfield Mo.

**18. (a) Signature of funeral director** Springfield Mo.

**(b) Address** Springfield Mo.

**19. (a) (Date received local registrar)** 2-2-46 **(b) (Registrar's signature)** or W. H. Haedley

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Polk. 84  
 (c) City or town Monisville 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month FEB. day 1  
 year 1946 hour 8 minute 50 P. M.

**21. I hereby certify that I attended the deceased from** Jan 26, 1946 Feb 1, 1946  
 and that I last saw him alive on 2-1- 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion (Thrombosis)

Due to: Generalized Arteriosclerosis Duration 18 hours

Due to: Hypertension 20 yrs?

Other conditions: None Yes?  
(Include pregnancy within 3 months of death)

Major findings: None UNK.  
 Of operations \_\_\_\_\_  
 Of autopsy None

Duration
18 hours
20 yrs?
Yes?

**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** C. Conrad (M. D. or other) M.D.  
 Address Springfield, Mo. Date signed 2-2-46

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

MOTHER FATHER

**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 Ogle Stone Jr.  
Licensed Embalmer No. 4976  
P. O. Address Springfield

**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.**