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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. **13184**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1906**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 1/2 hrs.
(Specify whether years, months or days)
 In this community 8 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1103 E. 30 St. **8**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) **11**
 If yes, name country ---

3. (a) PRINT FULL NAME DEJAGERS Mrs. Dorothy Hughes
 (b) If veteran, name war No (c) Social Security No. NO ONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
 year 1946 hour 9 minute 15 P.M.

4. Sex FEMALE / 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MR. ALVA HUGHES
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased SEPTEMBER 30 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
April 22 1946 to April 22 1946
 that I last saw her alive on April 22 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 6 Days 22
 If less than one day --- hr. --- min.

Immediate cause of death Bilateral bronchopneumonia
 Duration ---

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

Due to ---
 Due to ---

10. Usual occupation WRITER

Other conditions ---
(Include pregnancy within 3 months of death)
 Major findings: 107
 Of operations ---
 Of autopsy See above

MOTHER FATHER
 11. Industry or business ---
 12. Name HARRY DEJAGERS
 13. Birthplace NEW YORK CITY NEW YORK
(City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH ODELL
 15. Birthplace CHILlicothe MISSOURI
(City, town, or county) (State or foreign country)

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 ---

16. (a) Informant MISS OIVE B ODELL
 (b) Address LUCERNE HOTEL - 911 LINWOOD BLVD.
 17. (a) CREMATION (b) Date thereof APRIL 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation DW. NEWCOMER'S SONS

23. Signature Wm W. Hart (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 4-25-46

18. (a) Signature of funeral director D. H. Newcomer's Sons
 (b) Address 1401 BRUSH CREEK BLVD.
 19. (a) 4-24-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

15030

JAN 2 1947

JUN 18 1946

APR 7 1952

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City, 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.