

S. No. 2
M-34
7. 5-17-39
I X37823

FILED JUN 3 1946

State File No.

Registrar's No. 16

Registration District No. 62 Primary Registration District No. 2239

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural--Linn Township
(c) Name of hospital or institution: XXXX
(d) Length of stay: In hospital or institution XXXXX
In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(d) Street No. Linn Township
(e) Citizen of foreign country? No
If yes, name country XXXXX

3. (a) PRINT FULL NAME WILLIAM THOMAS HUGHES

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

4. Sex M Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ethel Lee Hughes 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 10, 1883

8. AGE: Years 63 Months 0 Days 29 If less than one day X hr. X min.

9. Birthplace Aldrich--Polk Co.--Missouri

10. Usual occupation Farming

11. Industry or business XXXX

12. Name William R. Hughes

13. Birthplace Unknown Ohio

14. Maiden name Elizabeth Boyal

15. Birthplace Bolivar Missouri

16. (a) Informant Gora M. Williams

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 5-12-46

(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 5-27-46 (b) Geneva Garrison

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 10, 1946 to May 4, 1946 that I last saw him alive on May 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular Fibrillation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

23. Signature Date signed 5-21-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14912

54

JUN 4 1946

RECEIVED

District Health Officer No. 7,

District No. 4-46-486

Date Filed 5-31-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.