

FILED JUN 10 1946

Registration District No. **108**

Primary Registration District No. **4179**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Denzel**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Denzel**
(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 _____

3. (a) PRINT FULL NAME

Beryl Loretta Hughes
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March - 8 - 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 18 0 hr. _____ min. _____

9. Birthplace **Denzel, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Refuse**

11. Industry or business _____

12. Name **Beryl Hughes**
13. Birthplace **Danzon, Ark.** (City, town, or county) (State or foreign country)
14. Maiden name **Mildred Louise Lindsey**
15. Birthplace **Denzel, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Beryl - Hughes**
(b) Address **Denzel, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May - 29 - 46** (Month) (Day) (Year)
(c) Place: burial or cremation **Lulu Cemetery**

18. (a) Signature of funeral director **Mrs. Daniel L. ...**
(b) Address **Denzel, Mo.**

19. (a) **6-2-46** (Date received local registrar) (b) **Mrs. J. H. ...** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26** year **1946** hour **17 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **May 1** 1946 to **May 24** 1946
that I last saw him alive on **May 24** 1946 and that death occurred on the date and hour stated above.

Immediate cause of death **Disturbed Respiratory not normal for little undeveloped**
Due to _____

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

Major findings: Of operations **156**
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? _____ (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) Means of injury **0**
23. Signature **Polych E. Martin** (M. D. or other) _____
Address **Denzel Mo.** Date signed **5-30-46**

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 646-674

Date Filed 6-5-46

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 Arthur S. McDaniel

Licensed Embalmer No. 2093

P. O. Address Smith 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.