S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17370

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 172

1. PLACE OF DEATH:

(a) County Marion
(b) City or town ~~Rural~~ Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2721 James Road
(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)
In this community 13 years

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Marion 64
(c) City or town ~~Rural~~ Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2721 James Road 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harriett Amanda Hughes

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife Calvin L. Hughes

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

7. Birth date of deceased October (Month) 31 (Day) 1850 (Year)

8. AGE: Years 95 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Elias Pickard
13. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth King
15. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Ola Stroud
(b) Address 2721 James Rd., Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mayleveil cemetery Clarence Mo.

18. (a) Signature of funeral director Ray A. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 5-7-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1946 hour 9 minute — A.M.

21. I hereby certify that I attended the deceased from Apr. 29-46, 19..., to May 3, 1946 and that I last saw her alive on May 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to

Other conditions (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 A. B. Blue (M. D. or other)
Address Hannibal Mo Date signed 5-6-46

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

16251

189 (Licensed Embalmer's Statement on Reverse Side)

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 George T. Baird

Licensed Embalmer No. 4373

P. O. Address Hannibal, 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.