

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23654

State File No.

FILED AUG 5 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3213

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

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 4 days  
In this community about 3 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Hughes  
3. (b) If veteran, name war No 3. (c) Social Security No. no

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Ethel Powers Hughes 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Nov 24 1901  
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Casey Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business

12. Name Henry Milton Hughes

13. Birthplace Boone Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Hessie Cabbage

15. Birthplace Mt Peak Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Hughes

(b) Address Oregon Mo. 23

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery Maryville Mo

18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address Maryville Mo

19. (a) 7-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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. 1601 E. 8 St. 8  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 18  
year 1946 hour 6 minute A. M.  
21. I hereby certify that I attended the deceased from July 14 46 to July 18 46  
that I last saw him alive on July 18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death broncho pneumonia  
bilateral and terminal

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy See above

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 Wm W Hart (M.D. or other) 7-18-46  
Address Med. Dir. Gen'l Hosp. Date signed

**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.....

*Howard J. Rol*

Licensed Embalmer No.....

*2748*

P. O. Address.....

*K. E. M*

**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.**