

FILED OCT 28 1946  
Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH

(a) County **Jackson**

(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **State Hospital # 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 yrs 11 mo 7 da**  
(Specify whether days, months or years)

In this community **8 years, 11 months, 7 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2332 Montgall**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mattie Hughes**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **nil**

4. Sex **Female** 5. Color or race **col**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Loren Hughes**

6. (c) Age of husband or wife if **46** years

7. Birth date of deceased **Jan 14, 1897**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **9** Days **9** hr. min.

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

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

12. Name **Phillip Johnson**

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

14. Maiden name **Anna Johnson**

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

16. (a) Informant **Loren Hughes**

(b) Address **2332 Montgall KC Mo**

17. (a) **burial** (b) Date thereof **10-28-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **K.C. Mo**

18. (a) Signature of funeral director **G. Steinhilber**

(b) Address **1212 W. 18th St. Mo**

19. (a) **Oct. 25, 1946** (b) **S. J. Mitchell**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **23**  
year **1946** hour **8** minute **a** M.

21. I hereby certify that I attended the deceased from **Feb 17**, 19**46** to **10/23**, 19**46**  
that I last saw her alive on **10/27**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration **6 mos**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93E**

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **S. J. Mitchell** (M. Exam. when) **10/23/46**  
Address **State Hospital # 2** Date signed

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**