

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

FILED NOV 12 1946

State File No. _____

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 4561

1. PLACE OF DEATH:
 (a) County Taylor
 (b) City or town Kennett City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cow Home 622 BENTON 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 71 Days
(Specify whether years, months or days)
 In this community 71 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ray
 (c) City or town Gardener, Mo
(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 Mrs. Willie A. Hughes
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 29
 year 1946 hour 5 minute 50 P. M.
 21. I hereby certify that I attended the deceased from October 28
 1946 to Oct. 29 1946
 and that I last saw him alive on Oct 29 1946
 and that death occurred on the date and hour stated above.

4. Sex fe 5. Color or race w
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Joseph Hughes
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 29, 1874
(Month) (Day) (Year)

Immediate cause of death Embolic Hemorrhage
 Due to _____
 Due to Chronic Embolus
 Other conditions Myocardial Infarction
(Include pregnancy within 3 months of death)
 Major findings: Of operations Myocardial Infarction
 Of autopsy _____

8. AGE: Years 72 Months 8 Days 0
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Jean Scott

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Hughes

(b) Address Pioche, Nevada

17. (a) Burial (b) Date thereof 10/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gardener Cem.

18. (a) Signature of funeral director Wm. F. Kane

(b) Address Richmond, Mo.

19. (a) 10-30-46 (b) Eveline Holmes
(Date received local registrar) (Registrar's signature)

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. F. Kane (M. D. or other)
 Address 1125 Date signed 10-30-46

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

32596

NOV 19 1946

NOV 13 1946

DEC 4 1946

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..... *Louis Guent*

Licensed Embalmer No. *4096*

P. O. Address..... *Richmond*

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.