

FILED DEC 6 1946

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 51

1. PLACE OF DEATH: Barton

(a) County Barton

(b) City or town Lamar

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 74 years (Specify whether years, months or days)

In this community 74 years (Specify whether years, months or days)

3. (a) PRINT SARAH LOUISE HUGHES
FULL NAME

3. (b) If veteran, name war: / 3. (c) Social Security No. /

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Landon Hughes 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 22 1853 (Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John J. Tipton /

13. Birthplace Virginia / (State or foreign country)

14. Maiden name Elizabeth Bradbury (City, town, or county) (State or foreign country)

15. Birthplace Virginia / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Hagny

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Nov 22 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) NOV 22 1946 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Lamar (If outside city or town limits, write "RURAL") /

(d) Street No. 805 Gulf (If rural, give location) /

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 20 day 1946 year 11 hour 30 P. M. minute

21. I hereby certify that I attended the deceased from Oct. 30 1946 to Nov. 20 1946 that I last saw h. & K. alive on Nov. 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 8 days Heart Block 11

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A4A

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) (e) Means of injury 0

23. Signature Fern T. Deibel (M. D. or other) M.D.

Address Lamar, Mo. Date signed Nov. 23-46

RECEIVED
District Health Officer No. 6,
District File Number 1246-120.5-
Date Filed 12-5-46

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..... *Carl J. Konantz*
Licensed Embalmer No. 2247
P. O. Address..... Lamar, Missouri

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.