

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mc Larney Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)
 In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:
Missouri Linn 58
 (a) State _____ (b) County _____
 (c) City or town Brookfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 122 W. Clarke St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elsie May Hughes
 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 Married
 6. (b) Name of husband or wife Gordon G. Hughes 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased May 24 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>5</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name David Adams
 13. Birthplace Meddle, Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen Devine
 15. Birthplace Morganfield, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Gordon G. Hughes
 (b) Address 122 W. Clark St. Brookfield

17. (a) Burial (b) Date thereof Nov 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Bowden Funeral Home
Brookfield, Mo.
 (b) Address _____

19. (a) 11/6/46 (b) W. Blevins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd
 year 1946 hour 11 minute 40 P.M.
 21. I hereby certify that I attended the deceased from 6-10
 1946 to 11-3 1946
 that I last saw h.e. alive on 11-3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary - Generalized
Hepatic abscess
 Due to Pulvin inflammatory disease
 Duration 5 days
 Due to _____ 10 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy None
 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 0

23. Signature Ray W. Palmer (M. D. or other) _____
 Address Brookfield, Mo. Date signed 11-5-46

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

36464

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *Homer Barden*

Licensed Embalmer No. *3295*

P. O. Address *Brookfield 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.