

S. No. 2
1-8-33
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40914

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 428

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
The Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ten days
In this community Jackson Co. all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Hughes.

3. (b) If veteran, name war no

3. (c) Social Security No. X

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife never married

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 10 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 6 16 hr. min.

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

10. Usual occupation Farmer and Road worker

11. Industry or business XX

MOTHER FATHER { 12. Name Fred hughes

13. Birthplace xxx Platt Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susie Hamilton

15. Birthplace XX Jackson Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Will Hughes

(b) Address Buckner Missouri

17. (a) Burial (b) Date thereof 12-28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Six Mile Cemetery

18. (a) Signature of funeral director J. M. Reppert

(b) Address Buckner Missouri

19. (a) 12/28/46 (b) J. M. Reppert
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. North Ward
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1946 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 1946, to Dec. 26, 1946:

that I last saw him alive on Dec. 26, 1946:
and that death occurred on the date and hour stated above.

Immediate cause of death Monochogenic Carcinoma ?

Due to _____

Due to _____

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

Major findings:
Of operations 470

Of autopsy _____

Duration _____

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) (c) Means of injury no

23. Signature J. M. Reppert (M. D. or other) _____

Address Indy. Mo. Date signed 12/27/46

354 (Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1947

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, on by.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed Dixon L. Kelsey.....

Licensed Embalmer No. 4225.....

P. O. Address Independence, 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.