

S. No. 2  
-12-45  
5-17-39  
PI X47079

**FILED DEC 28 1946**

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

**1. PLACE OF DEATH:**  
 (a) County **Jefferson**  
 (b) City or town **Crystal City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (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..... **1**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jefferson**  
 (c) City or town **Crystal City** **5A**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. .... **1**  
(If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **Carl R. Hughey**  
 3. (b) If veteran, name war **✓** 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Rebecca** 6. (c) Age of husband or wife if alive **28** years  
 7. Birth date of deceased **June 18, 1911**  
(Month) (Day) (Year)

**8. AGE:** Years **35** Months **6** Days **—** If less than one day hr. min.

**9. Birthplace:** **Menfro, Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **Mass worker**

**11. Industry or business:** **Pittsburgh Plate Steel**

**12. Name:** **William R. Hughey**

**13. Birthplace:** **unknown** **A**  
(City, town, or county) (State or foreign country)

**14. Maiden name:** **Ellen Hagen**

**15. Birthplace:** **unknown** **A**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **Mrs. Carl R. Hughey**  
 (b) Address **Crystal City, Mo.**

**17. (a)** **Burial** (b) Date thereof **Dec 21, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Crystal City, Mo.**

**18. (a) Signature of funeral director:** **Walter R. Polite**  
 (b) Address **Crystal City, Mo.**  
**19. (a)** **Dec 22 1946** (b) **Alvin Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month ..... day .....  
 year ..... hour ..... minute ..... M.  
**21. I hereby certify that I attended the deceased from** ..... 19....., to ..... 19.....;  
 that I last saw h..... alive on ..... 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Accidental Drowning**  
**Jim Platis Creek**  
**(Verdict 7 July)**  
 Due to .....  
 Due to .....

Other conditions (include pregnancy within 3 months of death) .....

Major findings:  
 Of operations.....  
 Of autopsy..... **193**  
**26**

**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) **Accident - DSO**  
 (b) Date of occurrence **Dec 18, 1946**  
 (c) Where did injury occur? **Platis Creek, Crystal City, Mo.**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**in Platis Creek.**  
 While at work? **no** (Specify type of place) (e) Means of injury **Drowning**  
**23. Signature:** **T. B. Edwards** (M. D. or other) **no**  
 Address **Order Free** Date signed **12/19/46**

39803

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RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12-27-66

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 *Geoffrey R. Polite*  
Licensed Embalmer No. 3481  
P. O. Address *Crystal City, 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.