

Primary Registration District No. 6012

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Chariton Township
(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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary E. Hughes
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Richard Hughes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 17 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 12 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Floyd Tellar
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Missouri Catherine Musser
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roy Hughes
(b) Address Huntsville, Missouri
17. (a) burial (b) Date thereof 12/1/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldad Cemetery

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo.
19. (a) 12-9-1946 (b) Miss D.A. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Chariton Township
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1946 hour 6:15 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from NOV 10th, 1946, to NOV 29, 1946;
that I last saw her alive on NOV 29, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER STOMACH
Duration 1 yr.

Due to _____

Due to _____

Other conditions SEVERE DEMENTIA 3 wks.
(Include pregnancy within 3 months of death)

Major findings: Of operations 46 B
Of autopsy _____
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 2

23. Signature A. Noel Raines (M. D. or other) Dr
Address Clifton Hill, Mo. Date signed 11-30-46

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

RECEIVED
District Health Officer No. 10
District File Number 12-46-23
Date Filed DEC. 20. 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Md

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.