

12-45  
17-39  
X47070

**FILED FEB 5 1947**

Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH: **Greene:**  
 (a) County **Springfield**  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution **2640 N. Delaware**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **12 years**  
 In this community \_\_\_\_\_  
 years, months or days) (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME **William Thomas Hughlett**  
 3. (b) If veteran, **No** name war \_\_\_\_\_  
 3. (c) Social Security **No** No. \_\_\_\_\_

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

8. AGE: **78** Years Months Days If less than one day  
 hr. min.

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_  
 12. Name **Sam Hughlett**  
 13. Birthplace **Unknown Unknown**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Springfield, Mo.**  
 (b) Address **Burial**  
 17. (a) (Burial, cremation, or removal) **st. Mary**  
 (b) Date thereof **1/17/47**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **st. Mary**

18. (a) Signature of funeral director **H.H. Lohmeyer**  
 (b) Address **Springfield, Mo.**

19. (a) **1-17-47** (b) **W.E. Handley M.D.**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
**Missouri Greene 39**  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town **Springfield**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2640 N. Delaware**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
**Jan. 14**  
 20. DATE OF DEATH: Month **Jan.** day **14**  
 year **1947** hour **8** minute **a.** M.

21. I hereby certify that I attended the deceased from **19** to **19**  
**Unassisted by physician**  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **probably coronary occlusion**  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations **94A**  
 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) \_\_\_\_\_  
 (a) Means of injury \_\_\_\_\_  
 23. Signature **W.E. Handley local registrar** (M. D. or other) \_\_\_\_\_  
 Address **Springfield Mo** Date signed **1/16/47**

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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 Roy H. Mercer Jr.  
Licensed Embalmer No. 4432  
P. O. Address Springfield, 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.**