

No. 2
-12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1151

State File No. _____

FILED JAN 27 1947
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3000 East. 12 th st. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
years, months or days)

In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3000 E. 12 St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael Charles Hughes

3. (b) If veteran, name war no 3. (c) Social Security Unknown

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hettie Hughes 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 23 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>25</u>	<u>22</u> hr. min.

9. Birthplace Baltimore - Maryland /
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Union #47 Organizer

11. Industry or business _____

12. Name Alexandria J. Hughes

13. Birthplace County Cork Ireland - 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Logan

15. Birthplace Baltimore Maryland /
(City, town, or county) (State or foreign country)

16. (a) Informant Hettie Hughes
(b) Address 3000 E. 12 St. K.C. Mo.

17. (a) removal (b) Date thereof 1-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Maple Hill Cem. K.C. Mo.

18. (a) Signature of funeral director Simmons Funeral Home
(b) Address 1404 E. 37th St. K.C. Mo.

19. (a) 1-16-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1947 hour Nine minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-10-47
to 1-15, 1947,
that I last saw him alive on 1-15, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____

Due to _____

Other conditions 137a
(Include pregnancy within 3 months of death)

Major findings: Hypertrophy prostate
Of operations _____

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?
Ks.

(Specify type of place) _____
(c) Means of injury _____

23. Signature Graham Duesler (M. D. or other) _____
Address 906 Grand Date signed 1-16-47

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

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

MOTHER, FATHER

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 H. H. Summers

Licensed Embalmer No.

P. O. Address R. C. K.

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.