

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2142  
 Registrar's No. 2

**FILED JAN 21 1947**  
 Registration District No. 2

Primary Registration District No. 3057

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

**1. PLACE OF DEATH:**  
 (a) County Ray  
 (b) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
West North Main Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 68 Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Ray  
 (c) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. West North Main Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ralph B. Hughes  
 3. (b) If veteran, name war No  
 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 Mrs. Vivian Hughes  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 17, 1878  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>68</u>	<u>3</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Burnett Hughes

**MOTHER** { 12. Name Ray-County, Missouri

13. Birthplace Kate Moorehead  
(City, town, or county) (State or foreign country)

14. Maiden name Lexington, Missouri  
(City, town, or county) (State or foreign country)

15. Birthplace Mrs. Vivian Hughes

(b) Address Chanute, Kansas

17. (a) Cremation (b) Date thereof 1/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Quest-Lile F. Home  
 (b) Address Richmond, Missouri

19. (a) 1-4-47 (b) Malcol Jackson  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 2  
 year 1947 hour Found minute 30 P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature J. T. Baber, Coroner  
 Address Richmond Mo Date signed 1-4-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

273

**RECEIVED**

**District Health Officer No. 8,**

District File Number.....

Date Filed 1-18-47

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**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 Louis Freest

Licensed Embalmer No. 4096

P. O. Address Richmond

**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.**