. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5923

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 31

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town rural (St. Francois Twp.)
(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town near Farmington 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME David John Hughes

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex m 0

5. Color or race W

6. (a) Single, widowed, married, divorced m /

6. (b) Name of husband or wife Bertha Jones Hughes

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan 8 1884
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63		29	hr. min.

9. Birthplace Venedocia (City, town, or county) Ohio (State or foreign country) /

10. Usual occupation Plumber

11. Industry or business .....

FATHER
12. Name David Thomas Hughes 4
13. Birthplace wales (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Harris
15. Birthplace wales (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. David J. Hughes
(b) Address Farmington, Mo.

17. (a) b (Burial, cremation, or removal) (b) Date thereof 2-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri

19. (a) 2-8-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7
year 1947 hour 1.30 minute p M.

21. I hereby certify that I attended the deceased from 2-6, 1947, to 2-7, 1947;
that I last saw him alive on 2-7, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93E	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature F. Richard Crowe M.D. or other
Address Farmington, Mo. Date signed 2-8-47

289 (Licensed Embalmer's Statement on Reverse Side)

APR 3 1942

RECEIVED
District Health Officer No. 4
District File Number 24-2-25
Date Filed 2-21-42

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington 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.