FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12933

State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 56

27 1/2

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Booneville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 da. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan 71
(c) City or town Fortuna (Rural) (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

3. (a) PRINT FULL NAME FRANCIS-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 J. S. Hughes
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 26 (Day) 1868 (Year)

8. AGE: Years 79 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Cooper County MO (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at Home
FATHER
12. Name John Allison
13. Birthplace Cooper County MO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Francis Parish
15. Birthplace Cooper County MO (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Edgar C Nelson
(b) Address 9 a Main Booneville Mo
17. (a) Tipton MO (Burial, cremation, or removal) (b) Date thereof 4-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Akinsville Akinsville MO
18. (a) Signature of funeral director James E. Richards
(b) Address Tipton MO
19. (a) 4-18-47 (Date received local registrar) (b) Dt Hooper (Registrar's signature) 281

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1947 hour 6:00 minute A M.
21. I hereby certify that I attended the deceased from 19 Mar 47 to 15 April 1947, to , 19 ; that I last saw her alive on 14 April 47, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 weeks
Due to vascular nephritis	?
Due to hypertensive heart disease	?
Other conditions pneumonitis ? tbc (Include pregnancy within 3 months of death)	?

Not tbc

Major findings:
Of operations none done
Of autopsy none done

PHYSICIAN
Underline the cause of 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
23. Signature Aric C. Van Rammen (M. D. or other) M.D.
Address 329 Main St. Boonville Mo. Date signed 15 April 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-1-42

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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Leptore 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.