

FILED MAY 20 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2059

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 Week
(Specify whether years, months or days)

In this community 7 Years

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. 201 Brush Creek Blvd.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME CONARD P. HUGHES

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th.
year 1947 hour..... minute..... M.

3. (b) If veteran, name war. No

3. (c) Social Security No. 523-10-1676

21. I hereby certify that I attended the deceased from Apr 28, 1947, to May 7, 1947; that I last saw him alive on Apr 25, 1947; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Mrs. Margaret H. Hughes 6. (c) Age of husband or wife if alive. 47 years

7. Birth date of deceased August 29th, 1901
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Duration Apr 19 to May 7

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>8</u>	<u>8</u> hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 830

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

Major findings: Of operations Cerebral hemorrhage

10. Usual occupation Industrial Engineer

Of autopsy Cerebral hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business Socony-Vacuum Oil Company

12. Name A. C. Hughes

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret H. Hughes

(b) Address 201 Brush Creek Blvd.

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?.....

17. (a) Cremation (b) Date thereof 5 - 10 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

23. Signature [Signature] (M. D. or Other) 0

Date signed May 9, 1947

19. (a) 5-9-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

Handwritten vertical text on the right margin, possibly a date or initials.