V. S. No. 2
00M—5-43
Rev. 5-17-39
Stock I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21003

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2735

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: 4901 - CHESTNUT AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 4 YEARS (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. 4901 CHESTNUT AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

48 3 8

3. (a) PRINT FULL NAME MR. JOHN HENRY HUGHES
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS unknown
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased NOVEMBER (Month) 29 (Day) 1859 (Year)

8. AGE: Years 87 Months 6 Days 25 If less than one day ....hr. ....min.

9. Birthplace MALTA BEND (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED 4 YEARS: OWNER
11. Industry or business HARDWARE STORE DEWITT, MO.
MOTHER FATHER
12. Name JOHN HENRY HUGHES
13. Birthplace OHIO (City, town, or county) (State or foreign country)
14. Maiden name MILDRED BLAINE
15. Birthplace OHIO (City, town, or county) (State or foreign country)
16. (a) Informant MRS. VIRGIL TRIPSES
(b) Address 4901 CHESTNUT AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 27-1947 (Month) (Day) (Year)
(c) Place: burial or cremation EVERGREEN DEWITT MISSOURI
18. (a) Signature of funeral director D. N. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 6-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24TH year 1947 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from April 21, 1946, to June 24, 1947 that I last saw him alive on June 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism	12 hours
Due to: Venous thrombosis left leg	4 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral thrombosis	25 days

Major findings:
Of operations: 8 3b
Of autopsy

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 Edward A. Saunders (M. D. or other) M.D.
Address 2603 E31 K.C. Mo Date signed June 24-47

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L Doren

Licensed Embalmer No. 4250

P. O. Address KC 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.