No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27742

Registrar's No. 3664

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

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: 1419 East 8 St. (If not in hospital or institution, write street number or location)

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

In this community ~~1419 East 8 St.~~ 38 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1419 East 8 St. (If rural, give location) 8

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

If yes, name country .....

3. (a) PRINT FULL NAME William O. Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. 495-10-4848

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ~~N[illegible]~~

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

7. Birth date of deceased Nov. 18 ~~1906~~ 1909 (Month) (Day) (Year)

8. AGE: Years 37 ~~[illegible]~~ Months 9 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Punch Press Operator

11. Industry or business .....

FATHER

12. Name Arthur G. Hughes

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

MOTHER

14. Maiden name Laura M. Anderson

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

16. (a) Informant Laura M. Hughes

(b) Address 1215 Penton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 8-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1947 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Subdoral Hemotoma, left	
Due to: Deputy Coroner	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See Above	

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 A. E. Upsher (M. D. or other) M.D.

Address 2800 Main St. Date signed 8-25-47

Jefferson City Printing Co. (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 Jerry A. Munn Registered Apprentice No. 437, working under my personal supervision.

Signed Cortland Munn

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.