

FILED AUG 28 1947  
163

Registration District No. \_\_\_\_\_

Primary Registration District No. 4253

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Chilhowee  
(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 about 10 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson  
(c) City or town Chilhowee  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd  
year 1947 hour 0 11 minute 30 A.M.

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

Immediate cause of death Natural causes.

Due to Coronary Thrombosis.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
At her home, Chilhowee

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3

23. Signature F. May Andrews, Coroner  
Address Holden, Mo. Date signed 7/2/47

3. (a) PRINT FULL NAME Nora Alice Hughes

3. (b) If veteran, name war X 3. (c) Social Security No. 562-01-4905

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Feb. 24 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
68		5	9	hr. _____ min.

9. Birthplace Johnson Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Music Co., The May Co

12. Name George B. Hughes

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

14. Maiden name Lara E. Teater

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

16. (a) Informant Less Hughes

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 8/4/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter Ceme.

18. (a) Signature of funeral director J.W. Cook

(b) Address Chilhowee, Mo.

19. (a) 8-4-47 (b) Mamie O'Hastler  
(Date received local registrar) (Registrar's signature)

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

*Handwritten notes:*  
p. 2  
p. 10-48

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**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.....

Licensed Embalmer No. *24335*

P. O. Address..... *Chilhowee, Ga*

**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**