U. S. No. 2
M—9-4-41
Rev. 5-17-39
No. I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1947

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

37440

State File No.

Registrar's No. 198

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 412 Benton Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ######
In this community: 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No.: 412 Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: LeNora Howard 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: Widow

6. (b) Name of husband or wife: Joseph M. Hughes

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

7. Birth date of deceased: August (Month) 20 (Day) 1861 (Year)

8. AGE: Years 86 Months 3 Days 9 If less than one day: hr. min.

9. Birthplace: Greensburg (City, town, or county) Ind (State or foreign country)

10. Usual occupation: Home

11. Industry or business: Housewife

FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Charles Howard
(b) Address: Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Cemetery

18. (a) Signature of funeral director: Virgil Hope
(b) Address: Excelsior Springs, Mo.

19. (a) 12/2/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29th year 1947 hour 12:30 minute a. M.

21. I hereby certify that I attended the deceased from November 20th, 1947, to November 29, 1947 that I last saw her alive on November 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy — Duration: 9 Days
Due to: Hypertension — Duration: for years
Due to: Arterial Sclerosis — Duration: Same

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

Major findings:
Of operations: none made
Of autopsy: none made

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: John L. Grace (M. D. or other) MD
Address: Excelsior Springs, Mo. Date signed: 11-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-11-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs, 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.