

No. 2
2-45
7-39
X47070

FILED DEC 11 1947
Registration District No. 273

Primary Registration District No. 3051

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo.
(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 75-9-1 (Specify whether years, months or days)

In this community 75-9-1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Perryville Mo. /
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location) 0

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

If yes, name country /

3. (a) PRINT FULL NAME Joseph F. Hughey

3. (b) If veteran, name war /

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 Bertha Hughey

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased February 28 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>9</u>	<u>1</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business /

MOTHER FATHER {

12. Name Franklin Hughey

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

14. Maiden name Swan

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Hughey

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 12-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shilo Mo. Perry Co.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) Dec 1-1947 (b) Joe J. Bellman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1945
2, 1945, to 11-29, 1947

that I last saw him alive on 11-29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure 2 wks
Coronary Occlusion

Due to Coronary Occlusion

Due to /

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

Major findings: 94A

Of operations /

Of autopsy /

Duration 2 wks

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? /

While at work? (Specify type of place) 2

(c) Means of injury /

23. Signature Wm Weidman (M. D. or other) MD

Address Perryville Mo Date signed 12/1/47

177

RECEIVED

Health Officer No. 4
License Number 1247-15
12-18-15

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.....

Frederic W. Bone

Registered Apprentice No. 510

working under my personal supervision.

Signed

Wallace Young

Licensed Embalmer No.

4027

P. O. Address

Perryville 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.