S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 14 1948
Registration District No. 781

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5398

State File No. 41287
Registrar's No. 75

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Cross Roads, Rural, Buchanan
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 24
(c) City or town Cross Roads Ava Rural 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Susan Tate Hughes
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas C. Hughes
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August 28, 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	28	..... hr. ..... min.

9. Birthplace Hancock County, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name Robert C. Tate
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary A. Bird
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant F. F. Tate
(b) Address Cross Roads, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Thornfield
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) Dec 18-47 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) 84

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1947 hour ..... minute A. M. M.
21. I hereby certify that I attended the deceased from 8-10 2, 1943 to 11-26, 1947
that I last saw her alive on 11-26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia from Septicemia	2 days
Due to Acute Kidney Abscess Rt Side	1 month
Due to	
Other conditions Chronic arthritis (Include pregnancy within 3 months of death)	?
Hypertension — Luetic	?

Major findings:
Of operations .....
Of autopsy 30

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 0
23. Signature M. C. Gentry (M. D. or other)
Address Ava, Mo Date signed 12-10-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-33
Date Filed JAN 12 1948

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ona 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.