

S. No. 2  
M-8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4139

State File No. \_\_\_\_\_

FILED MAR 31 1948

Registration District No. 477

Primary Registration District No. 3008

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 342, 3 mo, 17 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County City of St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2228 Eugenia  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18  
year 1948 7 hour 55 minute P. M.

21. I hereby certify that I attended the deceased from 1 July  
1947, to 18 Feb 1948  
that I last saw him alive on 18 Feb 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Duration \_\_\_\_\_

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

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

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

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

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

308

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature G. S. Waraich (M. D. or other) \_\_\_\_\_  
Address Fulton, Mo Date signed 18 Feb 48

3. (a) PRINT FULL NAME Jesse Hughes

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Max Ella Hughes

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

7. Birth date of deceased June 26 1905  
(Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant State Hospital Records

(b) Address Fulton, Mo

17. (a) Burial (Burial, cremation, or removal) Washington Park

(b) Date thereof 23 Feb 48  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Boyd Bros

(b) Address South Kinloch, Missouri

19. (a) Date received local registrar Feb 21 48

(b) Jessie M. Mendenhall (Registrar's signature)

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

14  
1  
2

MOTHER FATHER

MADPINS  
712 COURT  
FULTON, MO

Date *3/2/48*  
District Number

District Health Officer No. 9

RECEIVED

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 *Edward A Flynn*

Licensed Embalmer No. *4444*

P. O. Address. *4548<sup>th</sup> Pkwy*

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.

*Lu 7664*