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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 30 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11281

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #3 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)
In this community Same Time

2. USUAL RESIDENCE OF DECEASED: 19

(a) State Missouri (b) County case 1
(c) City or town Harrisonville (If outside city or town limits, write "RURAL") 0
(d) Street No. 1004 S Independence St. (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME J. Melvin Hughes
3. (b) If veteran, name war HR
3. (c) Social Security No. DK
4. Sex M. O
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Fannie Hughes
6. (c) Age of husband or wife if alive DK years
7. Birth date of deceased Dec (Month) 23 (Day) 1860 (Year)

8. AGE: Years 87 Months 3 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name DK 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name DK 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Records State Hosp #3
(b) Address Washington Twp
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville Mo
18. (a) Signature of funeral director Kunnenberger Fin. Home
(b) Address Harrisonville, Mo.
19. (a) 3-26-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 3211

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 5 March, 1948, to 23 March, 1948, that I last saw him alive on 23 March, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	48 hrs
Due to ✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 10	
Of autopsy	

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 James J. Pascoe (M. D. or other) MD
Address State Hosp #3 Date signed 23 Mar 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-312
Date Filed 3-29-48

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 Bert B. Bennett, Registered Apprentice No. 83 working under my personal supervision.

Signed Allen D. Kaye

Licensed Embalmer No. 1968

P. O. Address Nevada, 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, above space should be left blank.