V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12343
State File No.

FILED MAY 1 1948

Registration District No. 3822 Primary Registration District No. 42-30 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Howard
(b) City or town: Armstrong (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: ---
In this community: All his life (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME: Frank Hughes
3. (b) If veteran, name war: ---
3. (c) Social Security No.: ---
4. Sex: Male
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Carrie V. Hughes
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: April (Month) 1, (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	9	0	hr. min.

9. Birthplace: Howard County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ---
12. Name (Father): Dave Hughes
13. Birthplace (Father): Unknown (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Agnes Hughes
15. Birthplace (Mother): Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Carrie Hughes
(b) Address: Armstrong, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Roanoke Cemetery
18. (a) Signature of funeral director: Ralph A. Carr
(b) Address: Fayette, Missouri
19. (a) March 23 - 48 (Date received local registrar) (b) Maggie Kurz (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1948 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from September 10, 1947, to January 1, 1948, that I last saw him alive on January 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Failure	4 hours
Due to: Arteriosclerotic heart disease	5 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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:
23. Signature: Francis D. Lee (M. D. or other) M.D.
Address: Lee Hosp. Fayette, Mo. Date signed: 1-8-48

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

RECEIVED
District Health Officer No. 8,
District File Number 4
Date Filed 7-29-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed [redacted], or by Lloyd O. Jaspering Registered Apprentice No. 461 working under my personal supervision.

Signed Ralph A. Case

Licensed Embalmer No. 3340

P. O. Address Fayette 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.