S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12641 ~~12741~~

Registration District No. 149 | Primary Registration District No. 1602 | Registrar's No. 1935

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6025 PROSPECT AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 30 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 6025 PROSPECT AVENUE 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MR. NEWTON M. HUGHES
3. (b) If veteran, name war No
3. (c) Social Security No. 495-07-4534
4. Sex MALE
5. Color or race WHITE
6. (a) ~~Single~~, widowed, ~~married~~, divorced WIDOWED
6. (b) Name of ~~husband~~ or wife MRS. ESTELLA LAIN HUGHES
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MAY (Month) 9 (Day) 1878 (Year)
8. AGE: Years 69 Months 11 Days 24 If less than one day hr. min.
9. Birthplace BEVIER (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business
MOTHER FATHER
12. Name HUGH HUGHES
13. Birthplace (City, town, or county) WALES (State or foreign country) 1
14. Maiden name Eleanor Hughes
15. Birthplace (City, town, or county) WALES (State or foreign country) 4
16. (a) Informant MR. MAURICE HUGHES
(b) Address COLUMBIA, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-6-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEMETARY
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 5-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3RD year 1948 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 23, 1946 to May 3, 1948 that I last saw him alive on March 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Occlusion	few hours
Due to Coronary Disease	few years
Due to Chronic Myocardial Degeneration	over 2 m.
Other conditions (Include pregnancy within 3 months of death) Chronic Asthma	30 years

Major findings:
Of operations 9-3-8
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
23. Signature Cecil M. Kohn (M. D. or other) M.D.
Address 630 Prof Bldg. Date signed 5/4/48

(Licensed Embalmer's Statement on Reverse Side)

630 Professional Bldg
12-4

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 D. D. Nolsinger

Licensed Embalmer No. 13938

P. O. Address Kansas City, 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.