S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13325

Registration District No. 1 Primary Registration District No. 5734 Registrar's No.

1. PLACE OF DEATH:
(a) County Macon (Rural)
(b) City or town Atlanta Mo
(c) ~~Name of hospital or institution~~ Residence
(If outside city or town limits, write "RURAL" and name of township)
(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 Mo (b) County Macon
(c) City or town Atlanta (Rural)
(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 Ralla Hughes
3. (b) If veteran, name war No
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Era Hughes
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Aug. (Month) 15 (Day) 1883 (Year)

8. AGE: Years 64 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Indian territory (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farming
MOTHER FATHER
12. Name Richard S. Hughes
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Joanna Hamblen
15. Birthplace Ind (City, town, or county) (State or foreign country)
16. (a) Informant Era Hughes
(b) Address Atlanta Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmer Cemetery
18. (a) Signature of funeral director H. M. Goodding
(b) Address Atlanta Mo
19. (a) 4-29-30 (Date received local registrar) (b) Mrs O. B. Griffin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1948 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from Nov 1, 1947, to Apr 27, 1948 that I last saw him alive on Apr 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion -	sudden
Due to Arteriosclerosis -	
Due to Pernicious anemia	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 H. D. Newton (M. D. or other)
Address La Plata Mo Date signed 4/28/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 25-48-288
Date Filed MAY -5 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, ~~only~~ .....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H M Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.