

FILED JUN 3 1948

Registration District No. 178

Primary Registration District No. 4310

Registrar's No. 31

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

1. PLACE OF DEATH: Macon
 (a) County Macon
 (b) City or town Bever
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: - (Specify whether
 In this community - years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Macon 61
 (c) City or town Bever (If outside city or town limits, write "RURAL") 0
 (d) Street No. - (If rural, give location) 0
 (e) Citizen of foreign country? - (Yes or No) 0
 If yes, name country -

3. (a) PRINT FULL NAME Alfred B. Hughes
 (b) If veteran, name war -
 (c) Social Security No. -

4. Sex Male 5. Color or race wh
 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife - 6. (c) Age of husband or wife if
 alive - years
 7. Birth date of deceased: 8 - 5 - 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 16 - hr. - min.

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

10. Usual occupation Retired Coal Miner
 (City, town, or county) (State or foreign country)

11. Industry or business 9

12. Name David R. Hughes

13. Birthplace Civil 4
 (City, town, or county) (State or foreign country)

14. Maiden name -

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

16. (a) Informant Thomas R. Hughes

(b) Address Bever Mo

17. (a) Burial (b) Date thereof: 5-27-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: East oakwood

18. (a) Signature of funeral director: J. J. Edwards

(b) Address Bever Mo

19. (a) 5-29-48 (b) Josephine King
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20
 year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 11, 1948 to May 21, 1948
 that I last saw him alive on same date and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 11 days

Due to: Arteriosclerosis

Other conditions: -
 (Include pregnancy within 3 months of death)

Major findings: 836
 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? - (b) Means of injury 2

23. Sign Dr. Fred Carroll (City or town) Mo Date signed 5/21/48
 Address 501 Macon, Mo

RECEIVED
District Health Officer No. 10
District File Number 6-48-981
JUN 2 - 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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. S. Edwards

Licensed Embalmer No.

1961

P. O. Address

Beverly 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.