

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Nevada

(b) City or town Nevada

(c) Name of hospital or institution: 728 North Colorado St
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nevada

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 728 North Colorado St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Martha A. Hough

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour 1:40 minute _____ A.M.

21. I hereby certify that I attended the deceased from Apr 30 1948 to May 5 1948.

that I last saw her alive on May 4 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife John Henry Hough

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1866
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration Apr 30 1948

8. AGE: Years 82 Months 0 Days 8
If less than one day _____ hr. _____ min.

Due to Hypertension

Due to _____

9. Birthplace Texas Co. Missouri
(City, town, or county) (State or foreign country)

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

10. Usual occupation housewife

11. Industry or business _____

12. Name Washington Keiviet

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

14. Maiden name unknown

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

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? _____

16. (a) Informant J. H. Hough

(b) Address 728 N. Colorado

17. (a) Burial (b) Date thereof May 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home

18. (a) Signature of funeral director Funerary Home

(b) Address Nevada Missouri

19. (a) 5-7-48 (b) W. P. Love
(Date received local registrar) (Registrar's signature)

23. Signature W. P. Love M.D.
(M. D. or other) M. D.

Address Nevada, Mo. Date signed 5/3/48

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

18
1
2

COURT DIVISION

RECEIVED

District Health Officer No. 7,

District File Number 4-48-523

Date Filed 5-15-48

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 1760

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, fact should be so stated above.