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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19515

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2729

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: 1424 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Years
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")
(d) Street No. 1424 Forest 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie Mae Lorrene Hughes
3. (b) If veteran, name war No
3. (c) Social Security No. 497-26-8184
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced 2
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 27, 1921 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
26	9	1	hr. min.

9. Birthplace Dalton, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Presser
11. Industry or business
FATHER
12. Name Clarance Finnell
13. Birthplace Dalton, Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lola Moore
15. Birthplace Dalton, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant William Finnell
(b) Address 1740 Belleview
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Dalton, Missouri
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Avenue
19. (a) 7-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1948 hour 6 minute 45 A M.
21. I hereby certify that I attended the deceased from Deputy, to Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Shock — Duration
Due to Internal Hemorrhage
Due to Gun Shot Wound Left Shoulder & Lung
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1660
Of autopsy No — Permit

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) Homicide
(b) Date of occurrence 6-28-48
(c) Where did injury occur? K. C. Jackson - Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 1424 - Forest - Ave. (Specify type of place)
While at work? No (e) Means of injury Gun Shot
23. Signature Mwilliams C. (M. D. or other)
Address 2636 Brooklyn Date signed 6-30-48

(Licensed Embalmer's Statement on Reverse Side)

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. J. Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.