DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25110

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Slater 2
(If outside city or town limits, write "RURAL")
(d) Street No. 322 Front Street 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Mary Hughes
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Female 5. Color or race Black 6. (a) Single, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August 18 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace Near Salisbury Chariton Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Thomas Hurt
13. Birthplace ✓ Kentucky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Butner
15. Birthplace ✓ Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs John Williams
(b) Address 322 Front St Slater Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 48
(Month) (Day) (Year)
(c) Place: burial or cremation Roanoke Mo
18. (a) Signature of funeral director Jones & Salger
(b) Address Slater Mo
19. (a) July 31 48 (Date received local registrar) (b) Mo Earl C. Metz (Registrar's signature) 7478

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1948 hour 12 minutes 30 A.M.
21. I hereby certify that I attended the deceased from Nov 19 1948, to July 28 1948
that I last saw her alive on July 28 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	?
Due to Arteriosclerosis	5 yrs ?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No 83
Of autopsy None

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) None
(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 0
23. Signature H E Lockwood (M. D. or other)
Address Slater Mo Date signed 7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
istrict File Number
Date Filed 8-11-78

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 Richard V. Drummond, Registered Apprentice No. 103 working under my personal supervision.

Signed James E Jone

Licensed Embalmer No. 3743

P. O. Address Slater Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.