

FILED SEP 13 1948

Registration District No. **59**Primary Registration District No. **5696**Registrar's No. **112**

1. PLACE OF DEATH:

(a) County Livingstone
 (b) City or town Chillicothe (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. # 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME Gally Hughes3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Female 5. Color or White 6. (a) Single, widowed, married, divorced Wid. 1
 6. (b) Name of husband or wife Audrey Hughes 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased Dec. 10 - 1865
 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 15 If less than one day hr. min.9. Birthplace Livingston Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name John R. Schwab
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oscar Hughes
 (b) Address Chillicothe Mo. R.R. 3
 17. (a) Burial (b) Date thereof. 8-27-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brassfield
 18. (a) Signature of funeral director Donald F. London
 (b) Address Chillicothe Mo.
 19. (a) Aug 25/48 Frances B. Neff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingstone
 (c) City or town Chillicothe (Rural) 59
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 3 0
 (If rural, give location)
 (e) Citizen of foreign country? ✓ (Yes or No) 0
 If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1948 hour 13 minute A.M.21. I hereby certify that I attended the deceased from June 15, 1947 to Aug 25, 1948
that I last saw him alive on Aug 31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Septic
hemorrhage 1 wk.
 Due to arteriosclerosis 10 yrs
 Due to 30

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 30
 Of autopsy 30
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. W. ... (M. D. or other) 0
 Address Chillicothe Mo. Date signed Aug 25/48

NOV 18 1953

DISTRICT HEALTH OFFICE
Camden, Mo.

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 *Ronald F. Gordon*

Licensed Embalmer No. *4191*

P. O. Address. *Chillicothe, 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.