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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 13 1949

Registration District No. 2-6

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2-6

40508

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FREEMAN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 1/2 Hours
In this community LIFETIME
years, months or days

3: (a) PRINT FULL NAME OWEN "BUB" HUGHES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased MARCH 16 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 8 29 _____ hr. _____ min.

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

10. Usual occupation Owner - Operator Retail Ice

11. Industry or business Dist. Miner's Ice Company

12. Name L. A. Hughes

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

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

16. (a) Informant Miss Virgie Hughes

(b) Address 1823 Wall St, Joplin, Mo

17. (a) Burial (b) Date thereof 12-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park, Joplin, Mo

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Joplin, Mo

19. (a) 12-29-48 (b) Ed James
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R#2, Silver Creek Dr.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1948 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 10, 1948, to Dec 15, 1948;
that I last saw him alive on Dec 15, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction Duration 1 day

Due to deposits acute and hypertensive

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 120

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? in
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? MO

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature W. W. Hunsaker (M. D. or other) _____
Address 1502 Joplin Joplin, Mo Date signed 12-29-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

(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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.