

FILED DEC 31 1948

Registration District No. **274**

Primary Registration District No. **4407**

Registrar's No. **346**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **LaMonte**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **13 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **LaMonte Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Henry Hughes**

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

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Ida may Hughes** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 24 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	2	hr. _____ min. _____

9. Birthplace **LaMonte Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER

12. Name **Thomas J. Hughes**

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

14. Maiden name **Martha Gaylon**

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

16. (a) Informant **Mildred Jackson**
(b) Address **LaMonte Mo.**

17. (a) **Burial** (b) Date thereof **11-28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LaMonte Cemetery**

18. (a) Signature of funeral director **Paul M. Moore**
(b) Address **LaMonte Mo.**

19. (a) **11-28-48** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **26** year **1948** hour **5:00** minute **02** M.

21. I hereby certify that I attended the deceased from **July**, 19**48** to **Nov 26**, 19**48** that I last saw **him** alive on **Nov 26**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 hrs**

Due to _____
Due to _____

Other conditions **Other Valvular Disease**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy **927**
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: _____

(c) 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 **P. T. ...** (M. D. or other) Address **Carl ...** Date signed **Nov 26**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-29-48

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: *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address: *La Monte 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.