

No. 2
1-4-41
7-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38315**
Registrar's No. **220**

FILED DEC 10 1943 7
Registration District No. **1069**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town _____
(c) Name of hospital or institution: General. I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks.
(Specify whether
In this community 75 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry **42**
(c) City or town Calloway
(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 Hannah Mary Hughes.

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife: W W Hughes. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Aug 19 1957
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Franklyn County Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
12. Name Isaac Pheil Penn. 1
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Catherin Over.
15. Birthplace England. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Aug W. H. Henry
(b) Address Calloway Mo.
17. (a) Burial (b) Date thereof Nov 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calloway Mo.

18. (a) Signature of funeral director J. A. Housey
(b) address Calloway Mo.
19. (a) Nov 24 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1943 hour 5 minute _____ P. M.
21. I hereby certify that I attended the deceased from Nov 2
2 1943 to Nov 23 1943
that I last saw her alive on 11-23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis & Bronchitis
Duration 1 yr

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

Major findings: Of operations _____
Of autopsy _____
1318

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 H. D. Walker (M. D. or other) M.D.
Address Clinton Mo. Date signed 11-24-43

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District No. Subser. No. 71

Serial No. 11-43-1342

Date Filed 12-9-43

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed J. A. Housey
Licensed Embalmer No. 3502
P. O. Address Calhoun Ave

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.