

FILED SEP 8 1945 STANDARD CERTIFICATE OF DEATH

Hughes
27467
State File No.
Registrar's No. 169

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: Clinton Gen Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Montrose
(d) Street No. Rural
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNEOLA COLLINS
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 2nd year 1945 hour 4:00 minute P.M.
21. I hereby certify that I attended the deceased from June 1 1945 to Aug 2 1945
that I last saw her alive on Aug 2 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 6-25-1866 (Month) (Day) (Year)

Immediate cause of death: Acute Cholangitis
Due to Cholelithiasis
Duration 2 days
4 months

8. AGE: Years 79 Months 1 Days 7
If less than one day hr. min.

9. Birthplace Linn Co Mo.
10. Usual occupation Housewife
11. Industry or business
12. Name Henry Laudree
13. Birthplace unknown
14. Maiden name Minnie Powell
15. Birthplace unknown

Other conditions: none
Major findings: none
Of operations: none
Of autopsy: none
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Sherman
(b) Address Montrose Mo
17. (a) Burial (b) Date thereof 6-25-45
(c) Place: burial or cremation Englewood Care
18. (a) Signature of funeral director Fred Wellkerson
(b) Address Clinton Mo
19. (a) Date received by local registrar Aug 3rd (b) Registrar's signature

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?
(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 S. B. Hughes (M. D. or other) P.D.
Address Clinton Mo. Date signed 8/5/45

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

District Embalmer Officer No. 2
District File Number 8-45-896
Dito Filed 9-6-40
DEC 18 1945

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 E. J. Wilkerson
Licensed Embalmer No. 2478
P. O. Address Clinton 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.