

No. 2
M-5-43
5-17-39
I-X36871

FILED MAR 6, 1947

Registration District No. **137**

Primary Registration District No. **4218**

12
3

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

1. PLACE OF DEATH:
 (a) County **Henry**
 (b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
200 E. Florence
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 year**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Olga Charlotte Hughes**

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

4. Sex **Fe /** **5. Color or** **W** **6. (a) Single, widowed, married,**
race **6. (b) Name of husband or wife** **Oscar Hughes** **6. (c) Age of husband or wife if**
 divorced **M /** **alive** **58** **years**
7. Birth date of deceased **July 21 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	8	4	hr. _____ min.

9. Birthplace **Pettis County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { **12. Name** **Richard Smith**
13. Birthplace **Gilford Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Hannah Dawson**
15. Birthplace **Gilford Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant - Oscar Hughes
(b) Address Windsor, Missouri

17. (a) Burial **(b) Date thereof 2-27-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director **Huston-Turner**
(b) Address Windsor, Mo.

19. (a) 2-26-47 (b) R. B. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry** **42**
 (c) City or town **Windsor** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **200 E. Florence** **3**
(If rural, give location)
 (e) Citizen of foreign country? **No** **(Yes or No)**
 If yes, name country and address _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25**
year **1947** hour **9:00 p** minute **00**

21. I hereby certify that I attended the deceased from **Feb 18**
1947 to **Feb 25**, 19**47**
that last saw her alive on **Feb 25**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pneumonia**

Due to _____
Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____ **1697**

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 **R. B. Kenney** **(M. D. or other)**
Address Windsor, Missouri **Date signed 2-27-47**

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RECEIVED
District Health Officer No. 7
2-47-183
3-4-47

OCT 28 1959

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.....

William W. Turner, Registered Apprentice No. *470*

working under my personal supervision.

Signed.....
E. M. Hutton

Licensed Embalmer No. *3391*

P. O. Address..... *Windsor, Missouri*

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.