

FILED FEB 7 1946

Registration District No. _____

Primary Registration District No. 4214

State File No. _____

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Depue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 yrs years, months or days

3. (a) PRINT FULL NAME Wm J Hughes

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

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

6. (b) Name of ~~husband~~ wife Alva Hughes 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased. 25 (Month) 1872 (Day) (Year)

8. AGE: Years 73 Months 10 Days 15 If less than one day _____ min.

9. Birthplace Roberson Co Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name W J Hughes

13. Birthplace Roberson Co Tenn (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hughes

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Alva Hughes

(b) Address Depue Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem

18. (a) Signature of funeral director Fred Waldman

(b) Address Clinton Mo

19. (a) 1-13-46 (Date received local registrar) (b) R. D. Kerney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Depue (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1946 hour 4 minute 40 AM

21. I hereby certify that I attended the deceased from 12-12-1945 to 1-10-1946
that I last saw him alive on 1-10-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Coronary of Ruptured Aorta
Due to " "

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy 478

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 J. C. Townsend (Physician)
Address Depue Mo Date signed 1-13-46

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

MOTHER FATHER

120

RECEIVED

Officer No. 7,
1-46-30
Date Filed 2-5-46

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 *Fred Weckuson*
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.