

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23242**

FILED JUL 24 1948

Registration District No. **177**

Primary Registration District No. **5569**

Registrar's No. **805**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
63rd & Woodson Rd., Baytown, Mo. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution **no** (Specify whether
In this community **34 yrs** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **124 So Drury**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Nellie Frances McClure Hughes**

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

4. Sex **Fem** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Wid. 2**

6. (b) Name of husband or wife **Lorenzo Hughes** 6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **10/14/1880**
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **23** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **--**

12. Name **James A. Wilson**

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

14. Maiden name **Susan Barnes**

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

16. (a) Informant **George McClure**

(b) Address **124 So Drury**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/9/48** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cem.**

18. (a) Signature of funeral director **John P. Shill**

(b) Address **Kansas City, Mo.**

19. (a) **7-7-48** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7** year **1948** hour minute M.

21. I hereby certify that I attended the deceased from **7:5** to **7:6** 19**48** that I last saw **her** alive on **7:6:48** and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure** Duration **2-3 wks**

Due to **chronic fibrillation** **10-11 yrs**

Due to **Rheumatic Heart disease** **20 yrs**

Other conditions **Thrombophlebitis Rt.** (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]** Of autopsy **[Signature]**

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? **U**

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **Jack M Davis MD** (Date signed) **7-7-48**

Address **Baytown Mo**

MOTHER FATHER

Dr. Davls in the office of
Dr. Eubank 63rd & Raytown Road

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

John P. Shield

Licensed Embalmer No. *3625*

P. O. Address *L 6 Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.