

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

6954

Registrar's No. 5

FILED MAR 13 1945  
Registration District No. 298

Primary Registration District No. 4444

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Camden, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days) All His Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
(c) City or town Camden, Mo.  
(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 U.S.A.

3. (a) PRINT FULL NAME

JOSEPH HENRY HUGHES

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minervia Willie (Scott) Hughes  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased April 28 th. 1866.  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Camden, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Framer

11. Industry or business

12. Name Benjamin O. Hughes  
13. Birthplace Richmond, Vir.  
(City, town, or county) (State or foreign country)  
14. Maiden name Minervia Studder  
15. Birthplace North Corlina.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willie Hughes  
(b) Address Camden, Missouri  
17. (a) Burial (b) Date thereof 1-28-45.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Camden, Missouri.

18. (a) Signature of funeral director J. B. Brothman  
(b) Address Richmond, Mo.  
(c) 2/1/45 (b) D. G. ...  
(Licensed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th.  
year 1945. hour 4 minute 30P. M.

21. I hereby certify that I attended the deceased from 1-5-45, 1945, to 1-24-45, 1945;  
that I last saw him alive on 1-24-45, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema  
Due to Myocarditis

Duration

2 days

Due to \_\_\_\_\_ ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Dr. J. ... (Specify type of place) (c) Means of injury ...  
Address Richmond, Mo. 1/27/45  
(M.D. or other)

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

RECEIVED

District Health Officer No. 8,

District File No. \_\_\_\_\_

Date Filed \_\_\_\_\_

3-10-45

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

Brothers Funeral Home

*Richard Minor*

Licensed Embalmer No. 3414

P. O. Address. Richmond, 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.