

23 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26111  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Ray Registration District No. 744  
 (b) Township 1. No Primary Registration District No. 5926 B. Registered No. 68  
 (c) City Richmond Mo. (d) Street No. Richmond Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred all life ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Franklin McGaugh  
 (a) Residence, No. Richmond Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel McGaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>	<u>3</u>	<u>1</u>		

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Richmond Mo. (STATE OR COUNTRY)

FATHER  
 13. NAME G.W. McGaugh  
 14. BIRTHPLACE (CITY OR TOWN) Richmond Mo. (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Sarah Ann Brown  
 16. BIRTHPLACE (CITY OR TOWN) Unknown Va. (STATE OR COUNTRY)

17. INFORMANT Basel U. McGaugh (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE July 16, 1940

19. FUNERAL DIRECTOR (NAME) E. Thurman (ADDRESS) Richmond Mo. 915

20. FILED July 16, 1940 Mabel Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1940 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2. A. Mrs.  
 The principal cause of death and related causes of importance were as follows:  
3rd Degree Burns - Face, body + extremities  
No. 100 filled with gasoline  
mistaken for water on stove  
explosion in home - house burned

Date of onset July 13 40

Other contributory causes of importance:  
1st Degree Burns  
Subur

Name of operation \_\_\_\_\_ Date of: \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury July 13, 1940  
 Where did injury occur? in Home Ray Co. Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Home

Manner of injury Gasoline explosion  
 Nature of injury 3rd Degree Burns

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) Dr. Gaines M. D.  
 (Address) Richmond Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

RECEIVED  
District Health Officer No. 8,  
District File Number  
8-13-40  
Date Filed

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, ~~\*\*\*~~

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*E. Hurman*

Licensed Embalmer No. 2073

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 the body is not embalmed, above space should be left blank.