

REC'D MAR 9 1939

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

7618

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 443
(b) Township Fishing River Primary Registration District No. 6237 Registered No. 3
(c) City (d) Street No. 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry R. McGaugh

(a) Residence, No. 3 Miles N.W. Of Rayville 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 9 19

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

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

FATHER 13. NAME Henry O. McGaugh 0

14. BIRTHPLACE (CITY OR TOWN) Missouri 0
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ethel Bowers

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Mr Okel Bowers
(ADDRESS) Lawson Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Union Cemty DATE Feb 19 1939

19. FUNERAL DIRECTOR (NAME) James A. Moles
(ADDRESS) Lawson Missouri

20. FILED Feb 20 1939 W Campbell, Md.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939, to Feb 18, 1939
I last saw him alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

Influenza
and the encephalitis

Date of onset

Other contributory causes of importance: 34

Name of operation Date of
What test confirmed diagnosis? Cholera Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Walter E. Bowers, M. D.

(Address) Lawson Missouri

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR

MISSISSIPPI

THIS CERTIFICATE IS TO BE FILLED OUT BY THE EMBALMER AT THE PLACE OF INTERMENT.
It should be filled out for every body buried or cremated in this State.
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NAME OF DECEASED
SEX
AGE
DATE OF BIRTH
DATE OF DEATH
PLACE OF BIRTH
PLACE OF DEATH
PLACE OF INTERMENT
CITY
COUNTY
STATE

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 _____

Licensed Embalmer, No. _____

P. O. Address _____

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, above space should be left blank.