

FILED SEP 14 1942 97

Registration District No. \_\_\_\_\_

Primary Registration District No. 6022

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond Rural  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Richmond Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME John McGaugh

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years  
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7. Birth date of deceased Not Known  
(Month) (Day) (Year)

8. AGE: Years 75 Months # Days # If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ellic McGaugh

13. Birthplace Unknown \_\_\_\_\_

14. Maiden name Unknown

15. Birthplace Unknown \_\_\_\_\_

16. (a) Informant Forrest McGaugh

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Sept. 1. 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowley Cemrtery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Richmond Mo.

19. (a) Aug. 31, 1942 (b) Dr. Charles W. Sargent  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30  
year 1942 hour 5/30 minute P. M.

21. I hereby certify that I attended the deceased from 3-15-42 to 8-30-42, 19\_\_\_\_;  
that I last saw him alive on 8-28-42, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Mitral Heart Disease

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

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Thos. Hooy (M. D. JENSEN)  
Address Richmond, Mo. Date signed 8-31-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-11-42

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 \_\_\_\_\_  
working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

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, fact should be so stated above.