

S. No. 2
M-9-4-41
Rev. 5-17-39
X29484

15339

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 14 1942
744

Registration District No. Primary Registration District No. 3036-59760 Registrar's No. 36

89
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County. Ray
(b) City or town. Rayville Richmond Mo
(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. Rayville
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME William D. McGaugh
(b) If veteran, name war. No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3
year 1942 hour 11 minute 25 P. M.

4. Sex. Male
5. Color. white
6. (a) Single, widowed, married, divorced, or married
(b) Name of husband or wife. Sarah Ann McGaugh
(c) Age of husband or wife if alive. 76 years
7. Birth date of deceased. Aug. (Month) 4 (Day) 1865 (Year)

21. I hereby certify that I attended the deceased from Jan 15 1942 to May 3 1942
that I last saw him alive on May 1 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 7 27 hr. min.

Immediate cause of death. Hydropneumonia

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

Due to chronic nephritis
Due to chronic prostatitis
Other conditions. _____
(Include pregnancy within 3 months of death)

10. Usual occupation. Farmer

11. Industry or business _____
12. Name. Andrew McGaugh
13. Birthplace. Unknown Yrland
14. Maiden name. Lutitia Hankins
15. Birthplace. Unknown Tenn.

Major findings: _____
Of operations. _____
Of autopsy. _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant. Carl McGaugh
(b) Address. Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. May, 5, 1942
(c) Place: burial or cremation. Sanderson Cemetery

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature. H. M. Griffith (M. D. or other) MD
Address. Richmond, Mo. Date signed. 5-3-42

18. (a) Signature of funeral director. Thurman
(b) Address. Richmond Mo.
19. (a) May 4 1942 (Date received local registrar) (b) Mrs. Charles Sheppard (Registrar's signature)

1280 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-13-42

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 ###
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

E. Human

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