

FILED SEP 2 1941

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

29197

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 914
 (b) Township Grape Grove Primary Registration District No. 6235 Registered No. 69
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Atch Pugh

(a) Residence, No. _____ 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Pugh
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1867
 7. AGE 73 YEARS MONTHS 8 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1 yr ago 11. Total time (years) spent in this occupation all
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo
 FATHER 13. NAME Samuel Pugh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo
 MOTHER 15. MAIDEN NAME Alice Hall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo
 17. INFORMANT (ADDRESS) E. W. Mason
Stet Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Gr DATE July 12 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. King
Hardin Mo
 20. FILED July 14 1941 Malcolm Jackson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1941
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1941 to July 11, 1941
 I last saw him alive on July 11, 1941 Death is said to have occurred on the date stated above, at 8/30 A.
 The principal cause of death and related causes of importance were as follows:
Hypostatic pneumonia July 10, 1941
Partial paralysis July 3, 1941
Cirrosis of liver January 1, 1941
 Date of onset
 Other contributory causes of importance:
124 B
 Name of operation None Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No. 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.
in his home
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. J. Gardner, M. D.
 (Address) Northborne, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-26-41

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed John W. Kruschell
Licensed Embalmer No. 2789
P. O. Address Hardin 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, above space should be left blank.