

REC'D APR 23 1938

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

10076

Do not use this space.

## 1. PLACE OF DEATH

(a) County Bates Registration District No. 53  
 (b) Township New Home Primary Registration District No. 5084  
 (c) City ..... (d) Street No. .... Registered No. 18  
 (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

John Gummy Hough 200  
 (a) Residence, No. RFD # 1 Rich Hill Missouri St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15/1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 6 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 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) 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa /13. NAME Zemery Hough /14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana /15. MAIDEN NAME -----Cobbler /16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina17. INFORMANT (ADDRESS) J W Hough  
RFD # 1 Rich Hill Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Salem em. DATE April 1/3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Booth  
Rich Hill Mo20. FILED 1938 Local Registrar. 51

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31/38 19

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1938, to March 31, 1938  
 I last saw him alive on March 21, 1938 Death is said to have occurred on the date stated above, at 6:00 A. M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency  
Cardio-Vascular  
Renal Disease  
with Edema 131

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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? .....  
 If so, specify Related with ..... M. D.  
 (Signed) J. W. Hough (Address) Rich Hill Mo

**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, .....

*John G. Underwood*

or by .....

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

Signed.....

*John G. Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Rich Hill*

**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.**