. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18289

Registration District No. 251

Primary Registration District No. 5350

Registrar's No.

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Grand River Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 Miles N.E. Gallatin, SK Highway 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ----

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Grand River Twp
(If outside city or town limits write "RURAL")

(d) Street No. 10 Miles N.E. Gallatin, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

8. (a) PRINT FULL NAME Jess Pugh

8. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 4 (Day) 1875 (Year)

8. AGE: Years 65 Months 0 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farm

MOTHER FATHER

12. Name William Pugh

13. Birthplace Unkbown (City, town, or county) Unknown (State or foreign country)

14. Maiden name Polly Harris

15. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Chester Sharrah

(b) Address Chillicothem Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, NO. 2

18. (a) Signature of funeral director Hope Furniture Undt

(b) Address Gallatin, Missouri

19. (a) 5/7/40 (Date received local registrar) (b) Ora Pugh (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1940 hour about 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw him alive on Dead May 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull Struck by automobile Crossing Street a foot

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings: Of operations ____

Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 4, 1940

(c) Where did injury occur? Grand River Twp. (City or town) Daviess (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place SK Highway (Specify type of place)

While at work? No. (e) Means of injury Struck by automobile

23. Signature Frank Hedges (M. D. or other)

Address Gallatin Mo. Date signed 5/4/40

Coroner - Daviess County

RECEIVED
District Health Officer No. 11,
District File Number 640-952
Date Filed JUN 14 1940

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.