

Registration District No. 148

Primary Registration District No. 5212

Registrar's No. 13

**1. PLACE OF DEATH:**

(a) County Cass  
(b) City or town Rural - Mt Pleasant Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(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 26 years  
years, months or days)

3. (a) PRINT FULL NAME Thomas Lee Pugh

3. (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 Gertrude Belle Pugh 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 19 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace 1 Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Stepless Pugh

{ 13. Birthplace 1 Va  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Ann Haskin

{ 15. Birthplace 4 Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant William Pugh  
(b) Address Grandwood, Mo.

17. (a) Burial (b) Date thereof May 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton Mo.

18. (a) Signature of funeral director B. F. Brown - Son

(b) Address Belton Mo.

19. (a) 5-12-41 (b) R. M. Miller  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Cass  
(c) City or town Belton - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 9  
year 1941 hour 8 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 10, 1937, to May 9, 1941; that I last saw him alive on May 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 years

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

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

Other conditions \_\_\_\_\_  
(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 1

23. Signature R. M. Miller (M. D. or other) \_\_\_\_\_

Address Belton Date signed 5-12-41

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

1900

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**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..... *A. H. George*.....

Licensed Embalmer No..... *3675*.....

P. O. Address..... *Sumner, 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.**