

FILED DEC 12 1941
Registration District No. 1251948

Primary Registration District No. 5749

Registrar's No. 47

1. PLACE OF DEATH:
 (a) County Mercer County
 (b) City or town Princeton, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: No
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution one year (Specify whether years, months or days)
 In this community one year

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mercer
 (c) City or town Princeton Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. RFD 4
 (If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Frank Middaugh
 3. (b) If veteran, name war
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 24 year 1941 hour 4 minute 25 P M.
 21. I hereby certify that I attended the deceased from Nov 10 1941, to Nov 24 1941; that I last saw him alive on Nov 23 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Earlyn Middaugh 6. (c) Age of husband or wife if alive 59 years

Immediate cause of death Diabetic Coma
 Due to Diabetes mellitus
 Duration 1 wk

7. Birth date of deceased Dec. 6, 1872
 (Month) (Day) (Year)
 8. AGE: Years 68 Months 11 Days 18
 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) 61
 Major findings: Of operations
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Iowa
 (City, town or county) (State or foreign country)
 10. Usual occupation Farmer & Coal Miner

MOTHER FATHER {
 12. Name John Middaugh
 13. Birthplace unknown 9 (City, town or county) (State or foreign country)
 14. Maiden name Emry
 Birthplace unknown 9 (City, town, or county) (State or foreign country)

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) (c) Means of injury NO
 23. Signature J. M. Perry (M. D. or other) MD
 Address Princeton, Mo. Date signed 11/25-41

16. (a) Informant Earl L. Middaugh
 (b) Address Princeton, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26, 1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation Martin Cemetery
 18. (a) Signature of funeral director J. M. Perry
 (b) Address Princeton, Mo.
 19. (a) 11/25-41 (Date received local registrar) (b) J. M. Perry (Registrar's signature)

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

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 Maie Mass
Licensed Embalmer No. 2634
P. O. Address Ormeauon 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.