

Registration District No. 744

Primary Registration District No. 30355976B Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Rayville Richmond & Lewis  
(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 \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Rayville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William D. McGaugh

3. (b) If veteran, No name war \_\_\_\_\_  
3. (c) Social Security No. No

4. Sex Male 5. Color white race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Sarah Ann McGaugh  
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug. 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 27 hr. min.

9. Birthplace Rayville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER {  
12. Name Andrew McGaugh  
13. Birthplace Unknown Yrland  
(City, town, or county) (State or foreign country)  
14. Maiden name Lutitia Hankins  
15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl McGaugh  
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof May, 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanderson Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Richmond Mo.

19. (a) May 4 1942 (b) Mrs. Charles Sheppard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1942 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 15  
1942 to May 3, 1942  
that I last saw him alive on May 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hydropneumonia

Due to chronic nephritis

Due to chronic prostatitis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1218

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) \_\_\_\_\_

(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) \_\_\_\_\_ (Means of injury)

23. Signature H. M. Griffith (M. D. or other)  
Address Richmond, Mo. Date signed 5-3-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-13-42

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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 ###  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*E. Human*

Licensed Embalmer No. 2073

P. O. Address Richmond 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.**