

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2196

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4617 East 10th Street  
(If out in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 Years  
(Specify whether years, months or days)  
In this community 22 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4617 East 10th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME Mr. Christopher C. Pugh

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Mrs. Mary E. Pugh 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased March 2 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 0 If less than one day hr. min.

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

10. Usual occupation Carpenter - Retired

11. Industry or business For Self

12. Name William Pugh

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

14. Maiden name Unk. Adkins

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

16. (a) Informant Oliver Pugh

(b) Address 211 N. Hawthorne K.C. Mo

17. (a) Burial (b) Date thereof June 4, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-3-42 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd  
year 1942 hour 9 minute 22 P. M.

21. I hereby certify that I attended the deceased from Apr. 25 to June 2 1942  
that I last saw him alive on June 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 89 days

Due to Arterio-Sclerosis

Due to Chronic Nephritis

Other conditions Senile 93H  
(Include pregnancy within 3 months of death)

Major findings: ---  
Of operations ---  
Of autopsy no

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) no  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? no (Specify type of place) (e) Means of injury none

23. Signature H. C. Conroy (M. D. or other) ---  
Address 805 Elmwood Date signed 6-3-42

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

40  
3  
8

341

(Licensed Embalmer's Statement on Reverse Side)

805 & Lincoln

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed:.....

Licensed Embalmer No.....

P. O. Address.....

**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.**