S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24457

State File No.

Registration District No. 384

Primary Registration District No. 5535

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Pomona Mo RFD #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Howell Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo Ark (b) County Independence

(c) City or town Batesville Ark. 999
(If outside city or town limits, write "RURAL")

(d) Street No. Emman Press St 3
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Edward Pugh

3. (b) If veteran, name war ✓

3. (c) Social Security No. 431-16-2642

4. Sex Male

5. Color or race W

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

6. (b) Name of ~~husband or~~ wife Alice Pugh

6. (c) Age of ~~husband or~~ wife if alive 21 years

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

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

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

10. Usual occupation Iron Worker

11. Industry or business

FATHER
12. Name John Pugh
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Pugh
(b) Address Batesville Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant Ark.

18. (a) Signature of funeral director John F Duncan
(b) Address Mtn View Mo

19. (a) 3/24-42 (Date received local registrar) (b) Jail Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 23 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from ✓, 19..., to ✓, 19...
that I last saw h... alive on ✓, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot 12 Gage Shot Gun

Due to Suicide

Due to

Other conditions (Include pregnancy within 3 months of death) 164C

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) Suicide
(b) Date of occurrence Mch 23-1942
(c) Where did injury occur? Howell Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home on Farm (Specify type of place)
While at work? No (e) Means of injury Suicide

23. Signature John F Duncan Coroner
Address Mtn View Mo Date signed 3/24-42

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number
Date Filed

RECEIVED
District Health Officer No 5
District File Number 7425-74
Date Filed 8-14-42

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.

Not Embalmed

Signed John F. Lincoln

Licensed Embalmer No. 2516

P. O. Address Mt View 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.