

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 41

1. PLACE OF DEATH:

(a) County BATES

(b) City or town BUTLER-
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BUTLER MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 HRS
(Specify whether)

In this community 40 YEARS
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BATES

(c) City or town BUTLER-
(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 WILBUR A. McCAUGHEY

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9TH
year 1942 hour 4 minute 15 P. M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife HATTIE

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

7. Birth date of deceased FEB 26 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mon 9th to Aug 9th 42
that I last saw h.i.m. alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 5 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death:
Accidentally fell from
second story window
Due to to concrete ground
fractured skull
Due to _____

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

10. Usual occupation RETIRED FARMER

Other conditions:
(Include pregnancy within 3 months of death) 186 a

11. Industry or business X

12. Name JOE McCAUGHEY

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

14. Maiden name UNKNOWN

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Orval McCaughy

(b) Address Rich Hill mo

17. (a) BURIAL
(Burial, cremation, or removal)

(b) Date thereof 8-14-42
(Month) (Day) (Year)

(c) Place: burial or cremation OAKHILL CEM-

18. (a) Signature of funeral director Booth Funeral Home

(b) Address Butler mo

19. Aug 12, 1942
(Date received local registrar)

Miss Marvin Cumpton
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 007

(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 _____

23. Signature L. D. Hale (M. D. or other) md.
Address Butler, mo Date signed 8-12-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 9-42-980

Date Filed 9-9-42

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.

Signed

John G. Hudewood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.