. S. No. 2
M—9-4-41
ev. 5-17-39
I. X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26729

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 851

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2018 Francis St. 4 (Nursing Home) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 7
(d) Street No. 2018 Francis St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME August Adolph Maugh
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Dora Helen Maugh
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased October (Month) 23, (Day) 1875 (Year)

8. AGE: Years 67 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business None
FATHER
12. Name August H. Maugh
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Albertina Schmaltz
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Fred Maugh (Son)
(b) Address Route # 4, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) 8-26-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 3-30, 1942, to Aug 23, 1942 that I last saw him alive on June 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastric hemorrhage	12 hrs
Due to: Gastric carcinoma	2 yrs +
Due to:	
Other conditions: Secondary anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
46 b

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature M. E. Grimm (M. D. or other)
Address Kirkpatrick Date signed 8/25

1233 (Licensed Embalmer's Statement on Reverse Side) Bldg

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Ruff

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor Ave., St. Joseph, Missouri

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.