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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

State File No. 27248

Registration District No. 139 Primary Registration District No. 5530 Registrar's No. 57

1. PLACE OF DEATH:

(a) County: Holt

(b) City or town: Rural (Benton Twp.)
(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 years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Holt 44 0

(c) City or town: Rural.
(If outside city or town limits, write "RURAL.") 0

(d) Street No. No.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: Charles Donald Mayhugh.

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: Oct. 8th, 1907 (Month) (Day) (Year)

8. AGE: Years 34 | Months 9 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Skidmore (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer.

11. Industry or business ____

MOTHER FATHER

12. Name: James Mayhugh

13. Birthplace: ____ (City, town, or county) Ky / (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Jennie Mayhugh.

(b) Address: Skidmore Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 28th. (Month) (Day) (Year)

(c) Place: burial or cremation: Mound City, Mo.

18. (a) Signature of funeral director: Mt Crawford

(b) Address: Mound City. Mo.

19. (a) 8-28-42 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 26th, 42. day ____ year ____ hour 5 minute P M.

21. I hereby certify that I attended the deceased from July 2, 1942 to Aug 26, 1942 that I last saw him alive on Aug 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

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) ____

(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 ____

23. Signature: F. E. Heggen (M. D. or other)

Address: Mound City, Date signed 8-28-42

1185 (Licensed Embalmer's Statement on Reverse Side)

7

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. H. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Maryville 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.