

X29484

FILED SEP 14 1942 97

Registration District No.

Primary Registration District No. 6022

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Sub Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Ray

(c) City or town Richmond Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME John McGaugh

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if live years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-15-42 19... to 8-30-42 19...;
that I last saw him alive on 8-28-42 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

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

Mitral Heart Disease ?

Due to.....

Due to.....

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

Other conditions Chronic Nephritis ?
(Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name Ellic McGaugh

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

{ 14. Maiden name Unknown

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death is charged statistically.

16. (a) Informant Forrest McGaugh

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Sept. 1. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowley Cemrtery

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?.....

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) Aug. 31, 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. JENSEN)

Address Richmond, Mo. Date signed 8-31-42

