No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41037

Registration District No. 408 157 Primary Registration District No. 3028 Registrar's No. 251

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community - - - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. McCune-Brooks Hospital
(If rural, give location)

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

If yes, name country - - -

3. (a) PRINT FULL NAME David Carter McGaughey

3. (b) If veteran, name war No

3. (c) Social Security No. None

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 alive - - years

7. Birth date of deceased December (Month) 5 (Day) 1942 (Year)

8. AGE: Years - Months - Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation - - - -

11. Industry or business - - - -

FATHER
12. Name Eugene McGaughey
13. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Virginia Carter
15. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Eugene McGaughey
(b) Address 1227 S. Maple, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) Dec. 19, 1942 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

1203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1942 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 5, 1942, to Dec 18, 1942 that I last saw him alive on Dec 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death This infant died a sudden and unexplained death from cause or causes unknown to the attending physician.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No abnormal findings

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 H E Byrd M D (M. D. or other)

Address Carthage, Mo. Date signed 12-19-42

(Licensed Embalmer's Statement on Reverse Side)

42-12-1048

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 Lucy Knell Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
1—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41037

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 251

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune Brooks Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 da (Specify whether

In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Carthage
(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 David C McGaughey

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Dec (Month) 5 (Day) 1942 (Year)

8. AGE: Years — Months — Days 13 If less than one day ... hr. ... min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Eugene McGaughey
13. Birthplace Carthage (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Virginia Carter
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1942 hour minute 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 This infant died a sudden and unexplained death

Due to from cause or causes unknown to the attending

Due to physician

Other conditions N.M.O.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 200a

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)

(b) 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 (M. D. or other)

Address Date signed