. No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6295

FILED MAR 10 1943

Registration District No. 120 Primary Registration District No. 4196 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Darlington
(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 25yrs.

2. USUAL RESIDENCE OF DECEASED: 38
(a) State Missouri (b) County Gentry.
(c) City or town Darlington.
(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 D. McGAUHEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Celia

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. (Month) 11 (Day) 1848 (Year)

8. AGE: Years 94 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Thomas P. McGauhey
13. Birthplace Agency (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Angeline Perkins.
15. Birthplace unknown (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant J. D. McGauhey St Joseph Mo
(b) Address 114 So. 19. St. Joseph Mo.

17. (a) Burial Long Branch Cem (Burial, cremation, or removal) (b) Date thereof 2-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Long Branch Cem.

18. (a) Signature of funeral director Heaton & Gilliland
(b) Address St Joseph Mo

19. (a) 2-11-43 (Date received local registrar) (b) Hoover Hebbeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 26 1943 to Feb 9 1943 that I last saw him alive on Feb 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchopneumonia
Due to senility
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) 038
(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 J. N. Barger (M. D. or other)
Address Albany Mo Date signed 2-11-43

1108

(Licensed Embalmer's Statement on Reverse Side)

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.....

Feb 10 1943, Registered Apprentice No.....

working under my personal supervision.

Signed Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6285

Registration District No. ____ Primary Registration District No. 4196 Registrar's No. ____

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

1. PLACE OF DEATH:
(a) County: Lewis
(b) City or town: Wardlington
(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: Mo (b) County: Lewis
(c) City or town: Wardlington
(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: John D McGaughey
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex ____
5. Color or race ____
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Nov 11 1848 (Month) (Day) (Year)
8. AGE: Years 94 Months 2 Days 29 If less than one day ____ min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
MOTHER FATHER
12. Name ____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name ____
15. Birthplace (City, town, or county) (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 Feb Day ____ Year 1943 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death ____
Broken femur
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) Accident
(b) Date of occurrence Jan 8 1943
(c) Where did injury occur? Bosenger (City or town) Lewis (County) Mo (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (c) Means of injury Fall
23. Signature J M Barger (M. D. or other)
Address ____ Date signed 2-29-43

SUPPLEMENTARY