

**FILED JUN 7 1943**

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Andrew Co  
(b) City or town Mexico Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Andrew Co Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Days  
(Specify whether \_\_\_\_\_)  
In this community 30 days  
years, months or days)

3. (a) PRINT FULL NAME Eugene B Pegrum  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex Male 5. Color or race white 5. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mollie Pegrum 6. (c) Age of husband or wife if alive about 85 years  
7. Birth date of deceased July 17 1849  
(Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Retired

12. Name James Pegrum

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 Mrs Josie Jeffers

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof July 3-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo

18. (a) Signature of funeral director Marlan Reddy

(b) Address Montgomery City Mo

19. (a) 5-1-1943 (b) Margaret H Mackie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery City, Mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day May 1  
year 1943 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 1 1943 to May 1 1943  
that I last saw him alive on May 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis  
Due to Atherosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature J. Paul Colley (M. D. or other) MD

Address Mexico, Mo Date signed 5/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-43-946

Date Filed JUN 5 1943

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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

*Joseph A. Macleod*

Licensed Embalmer No. 3658

P. O. Address Montgomery City, Md.

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.