

S. No. 2
1-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24435

ED AUG 5 1943 42
Registration District No. 42

Primary Registration District No. 1001 1000

State File No. _____
Registrar's No. 850

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: State Hospital No. 2, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 17 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond
(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 Wilkie Sim Pugh
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1943 hour _____ minute 12 A. M.
21. I hereby certify that I attended the deceased from 7-13- 1943 to 7-29- 1943.
that I last saw him alive on 7-29- 1943.
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife One Mary Pugh
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 63 years of age?
(Month) (Day) (Year)

Immediate cause of death meningo-encephalitis Syphilitica
Due to Syphilis
Duration 10 years

8. AGE: Years 63? Months _____ Days _____
If less than one day _____ hr. _____ min.

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.

9. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Coal-miner
11. Industry or business Coal mining
12. Name Unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant One Mary Pugh
(b) Address Richmond, Missouri
17. (a) _____ (b) Date thereof 7-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo
18. (a) Signature of funeral director J. B. Brothers
(b) Address Richmond, Mo
19. (a) 7-29-43 (b) One Pugh
(Date received local registrar) (Registrar's signature)

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 J. H. Marroway (M. D. or other) _____
Address State Hospital No. 2 Date signed 7-29-43

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

SEP 1 1943

AUG 18 1943

SEP 10 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.