

S. No. 2  
M-2-43  
5-17-39  
X3569

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25071

State File No. \_\_\_\_\_

FILED AUG 12 1943

Registration District No. 139

Primary Registration District No. 4775

Registrar's No. 56

44  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon  
(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 \_\_\_\_\_  
In this community 18 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Menassah Lough

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Lough 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 3 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 11 10 hr. \_\_\_\_\_ min.

9. Birthplace Fairview West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sanford Lough

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

14. Maiden name Melissa Wildman 9  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Howard  
(b) Address Rea, Missouri

17. (a) Burial (b) Date thereof July 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Missouri

18. (a) Signature of funeral director James H. Pettigrew  
(b) Address Oregon, Mo.

19. (a) 7-16-43 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Holt

(c) City or town Oregon  
(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 \_\_\_\_\_ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 13 1943 to July 13 1943  
that I last saw him alive on July 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

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

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

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

Major findings: Of operations none

Of autopsy none

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? no injury  
(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) (e) Means of injury \_\_\_\_\_

23. Signature C. F. Kearney (M. D. or other)  
Address Oregon, Mo. Date signed 7/14/43

1181

---

---

**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..... *James H. Pettigrew*  
Licensed Embalmer No..... *3192*  
P. O. Address..... *Oregon 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.**