

7. S. No. 2
FORM-2-43
Rev. 5-17-39
P-1 X35897

21345

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED JUL 8 1944

Registration District No. 65

Primary Registration District No. 4113

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

21/0

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Brunswick
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Brunswick, Mo.
(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 CLARA CLAUDIA PUGH

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 11 to June 14 1944 and that death occurred on the date and hour stated above.

that I last saw her alive on June 13 1944

4. Sex FEMALE 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 January (Month) 14 (Day) 1864 (Year)

Immediate cause of death: Chronic parenchymatous nephritis eye

Due to _____

Due to Chronic arterio-sclerosis

Other conditions (Includes pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 5 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired seamstress

Major findings: 131P

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Wm Pugh

13. Birthplace Lynchburg Virginia (City, town, or county) (State or foreign country)

14. Maiden name Barah Pugh

15. Birthplace Richmond Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Miss Bernice Martin

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 6-16-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo

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)

(e) Means of injury _____

23. Signature Harry E. Tatum (M. D. or other) _____

Address Brunswick Mo Date signed 6/16/44

18. (a) Signature of funeral director L. M. Beaud

(b) Address Brunswick Mo

19. (a) 6-16-1944 (b) A. L. Hines (Date received local registrar) (Registrar's signature)

1024

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

7-7-44

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..... *L. W. Beissel*

Licensed Embalmer No. *823*

P. O. Address *Brunswick, Me*

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.