

**JUL 11 1945**  
Registration District No. 4

Primary Registration District No. 3035

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Lopayitto  
(b) City or town Lexington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5.24th St  
(If not in hospital or institution, write street number or location) !  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 48 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lopayitto  
(c) City or town 8 24th St L-4  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lexington 3  
(If rural, give location) 2  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARTHUR PUGH

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

4. Sex mao 5. Color or race w 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased April 7 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Clark Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Lopayitto

11. Industry or business Coal Miner

12. Name Geo Pugh

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Hoover

(b) Address Lexington, MO

17. (a) Burial (b) Date thereof 6-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, MO

18. (a) Signature of funeral director Earl St. Schuchert

(b) Address Lexington, MO

19. (a) July-6-45 (b) Mrs. Ed Schwab  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1945 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from for several  
years 19\_\_\_\_ to 19\_\_\_\_

that I last saw him alive on May 24 19\_\_\_\_  
and that death occurred on the date and hour stated above

Immediate cause of death Heart attack Duration  
possibly occlusion  
of coronary artery

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

Due to 94a

Other conditions (Include pregnancy within 3 months of death) none

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

Of autopsy none

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? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. O. Cripe (M. D. or other)  
Address Lexington, MO Date signed 6/14/45

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

4  
3  
2

MOTHER FATHER

1158

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7/10/45

*copy*

**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. 2983

P. O. Address. Trinity Ave. No. 120

**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.**