

No. 2
-2-43
5-17-39
I X35697

State File No. _____

FILED OCT 15 1945
Registration District No. 151

Primary Registration District No. 2501

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 days
(Specify whether years, months or days)

In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 304 N. Byers Avenue 5
(If rural, give location)

(e) Citizen of foreign country? no 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Hazel McGaughey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 12
year 1945 hour 8 minute 35 AM

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Hugh D. McGaughey

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 23, 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1943 to Sept 8, 1945
that I last saw alive on Sept 8, 1945
and that death occurred on the date and hour stated above.

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

41	9	20	hr. _____ min.
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Immediate cause of death Carcinoma Breast
a generalized metastasis

Due to _____

Due to _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation nurse

11. Industry or business _____

12. Name W. O. Coats

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

14. Maiden name Mary Lawrence

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

16. (a) Informant Mrs. W. O. Coats

(b) Address 304 N. Byers, Joplin, Mo.

17. (a) burial (b) Date thereof 9/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park PARKER-HUNSAKER

18. (a) Signature of funeral director _____

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-18-45 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

Other conditions 50
(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) (e) Means of injury _____

23. Signature J. M. F. Hall (M. D. or other) M.D.

Address Joplin Mo Date signed 9/14/45

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

45-9-781

DEC 9 1945

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.