

FILED JAN 9 1946

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 5221

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital 0
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 1 hour, 50 minutes
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Missouri 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 Prospect, 7
(If rural, give location) 8
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Earl Pugh

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 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 alive _____ years

7. Birth date of deceased August 15, 1945
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER
12. Name Russell Wayne Pugh
13. Birthplace Grandview Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Genevieve Waldman
15. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Genevieve Pugh

(b) Address 1211 Prospect, Kansas City, Mo

17. (a) Rural (b) Date thereof Dec 30 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Wm C R Foster

(b) Address 918 Brooklyn

19. (a) 12-19-45 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-17, 1945, to 12-18, 1945

that I last saw h.i.y. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria Duration _____

Due to _____

Due to _____

Other conditions 10
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓
Of autopsy Myocardial, fatty degeneration of liver, splenomegaly of lymph nodes

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? _____
(Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) _____
Address St. of Sikes Hosp

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

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

Orlando M. Minor

Licensed Embalmer No.

3414

P. O. Address

*918 Brooklyn
Fla.*

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.