V. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10672

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 107

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1205 River 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 29 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 1205 River St. (If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN HENRY PUGH
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 6
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Janie Hunt Pugh
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May (Month) 11 (Day) 1875 (Year)

8. AGE: Years 72 Months 11 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation retired employee
11. Industry or business Carthage Marble Corp.
FATHER
12. Name Charles Pugh
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Marguerite Stewardson
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Miss Edna Rugh
(b) Address 1205 River, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 3, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) May 3-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1948 hour 8:20 minute p M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw him alive on ..... 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Lobar pneumonia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury
23. Signature [illegible] M.D. or other
Address 2114 Joplin Date signed 5/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-5-384

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 Frank W. Kneece Jr.

Licensed Embalmer No. 4440

P. O. Address Carthage

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.