

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17409**

Registration District No. **399**

Primary Registration District No. **100**

Registrar's No. **2071**

1. PLACE OF DEATH: **Jackson**  
 (a) County **Kansas City**  
 (b) City or town **Kansas City**  
 (c) Name of hospital or institution **2121 E. Linwood**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **All his life**  
 In this community **All his life**  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (d) Street No. **2121 East Linwood**  
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULLNAME **George Mortimer Gaugh**  
 (b) If veteran, name war **No**  
 (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Wh**  
 6. (a) Single, widowed, married, divorced **Married**  
 (b) Name of husband or wife **Lillian Gaugh**  
 (c) Age of husband or wife if alive **40** years  
 7. Birth date of deceased **January 17, 1882**  
 (Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **9**  
 If less than one day hr. min.

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

10. Usual occupation **President**

11. Industry or business **Oak Park Laundry**

12. Name **George G. Gaugh**  
 13. Birthplace **Ky.**  
 14. Maiden name **Carrie M. Field**  
 15. Birthplace **N. Y.**

16. (a) Informant **Walter W. Gaugh**  
 (b) Address **4013 Chestnut**

17. (a) Burial **Memorial Park** (b) Date thereof **5-28-41**  
 (c) Place: burial or cremation

18. (a) Signature of funeral director **J. M. Wagner**  
 (b) Address **Kansas City, Mo.**

19. (a) Date received local registrar **May 27 1941** (b) **M. M. Browne** (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **26**, year **1941** hour **4** minute **50** A. M.  
 21. I hereby certify that I attended the deceased from **Sept.** 19**40**, to **May 26**, 19**41**;  
 that I last saw him alive on **May 25**, 19**41**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
 Due to **general arteriosclerosis**  
 Due to **12/13/10**  
 Other conditions **low grade nephritis**  
 (Include pregnancy within 3 months of death)  
**Cardio renal vascular disease**  
 Major findings: **PHYSICIAN**  
 Of operations  
 Of autopsy  
 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? \_\_\_\_\_  
 (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 **11**

23. Signature **Le. B. Wyatt** (M. D. certifier)  
 Address **3850 Brown** Date signed **5-26-41**

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

14  
3  
8

C. H. West M.D.  
3850 Prospect  
No 6110

**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 A. R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. C. 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.**