

FILED DEC 12 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39697

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852¹⁰⁵
 (b) Township Polk Primary Registration District No. 6120¹
 (c) City 1 (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Albert McCaughey
 (a) Residence, No. 1111 St. 1111
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane McCaughey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
92 1 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Earned

9. Industry or business in which work was done, as saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doylestown, Ohio

13. NAME John McCaughey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schenectady, N.Y.

15. MAIDEN NAME Mary Ann Eilthousen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (ADDRESS) William McCaughey
1111
1111

18. BURIAL, CREMATION, OR REMOVAL St. Matthews Cem. Milan DATE Nov 10, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schoerens
1111
1111

20. FILED Dec 8 1941 Leo Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1941, to April 7, 1941

I last saw him alive on April 7, 1941. Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

Probably an apoplectic attack.

Date of onset Oct. 5, 1941

Other contributory causes of importance: 830

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. S. Montgomery, M. D.

(Address) 1111
1111

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-41-2157

Date Filed DEC 10 1941

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.....

Frank D. Schwere

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Frank D. Schwere

Licensed Embalmer No. 2016

P. O. Address Milan, 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, above space should be left blank.