

FILED MAR 9 1942

Registration District No. 3019

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 1006 So. Roland  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1006 So. Roland  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country No.

3. (a) PRINT FULL NAME WILLIAM H. PUGH

MEDICAL CERTIFICATION

3. (b) If veteran, name war none

3. (c) Social Security No. 496-09-3995

20. DATE OF DEATH: Month Feb day 16 year 1942 hour 3:30 minute A.

4. Sex Male 5. Color or race white 6. (a) Single, married, divorced married

21. I hereby certify that I attended the deceased from 2/14 1942 to 2/16 1942 that I last saw him alive on 2/15 1942 and that death occurred on the date and hour stated above.

(b) Name of husband or wife Mildred Pugh 6. (c) Age of husband or wife if alive 36 years

Immediate cause of death Pulmonary tuberculosis

7. Birth date of deceased: (Month) May (Day) 15 (Year) 1904

Duration 13 1/2

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>9</u>	<u>1</u>	hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Lees Summit Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Mechanic

Major findings: Of operations \_\_\_\_\_

11. Industry or business Automobile Garage

Of autopsy \_\_\_\_\_

12. Name Solomon J. Pugh

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

14. Maiden name Ella Jane Sauerbier

(b) Date of occurrence \_\_\_\_\_

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

(c) Where did injury occur? (City or town) (County) (State)

16. (a) Informant Mrs. Alfred Sauerbier

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address 1006 So. Roland

While at work (Specify type of place) \_\_\_\_\_ (e) Means of injury 0

17. (a) Burial (b) Date thereof 2-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature J. H. Greaves (M. D. or other) \_\_\_\_\_  
Address Independence Date signed 2/16-42

(c) Place: burial or cremation Cty Cem. Indip.

18. (a) Signature of funeral director George C. Carson

J.R.

Feb 17 42.

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1163

MO

*Dr. Joe Greene*

**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 *Raymond M. Martin*  
Licensed Embalmer No. *4150*  
P. O. Address *Independence, 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.**