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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Gallatin *sum*

(c) Name of hospital or institution: ---

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Thomas McGaugh

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race Black

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Unknown About 1846

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 96 hr. min.

9. Birthplace Unknown Kentucky

(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

16. (a) Informant Fay McGaugh

(b) Address Olathe Kansas

17. (a) Burial (b) Date thereof 6-7-1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Hope Turner Hud Co.

(b) Address Gallatin Mo.

19. (a) 6-10-1942 (b) L. O. Dickerson

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin

(If outside city or town limits, write "RURAL") 0

(d) Street No. --- (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2

year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 25

1942 to June 2 1942

that I last saw him alive on June 1 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive

Cardio-vascular renal

disease

Due to chronic nephritis

arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 121a

Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place)

(e) Means of injury 7

23. Signature How Bailey D.D. (M.D. or other)

Address Gallatin Mo Date signed June 10/42

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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

L. O. Richardson

Licensed Embalmer No.

3307

P. O. Address

Gallatin 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.