V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 27438

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 338

1. PLACE OF DEATH:

(a) County Jasper 49

(b) City or town Joplin 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether years, months or days)

In this community 23 years;

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 304 N. Byers Ave; 5
(If rural, give location)

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

If yes, name country No 0

3. (a) PRINT FULL NAME Doctor Hugh D. MC-Gaughey

3. (b) If veteran, name war World War 1

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Hazel MC-Gaughey

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb. 2, 1881; (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	6	11	hr. min.

9. Birthplace Cloud County Kansas; 1
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor, Medical Profession

11. Industry or business

MOTHER FATHER

12. Name Johnson MC-Gaughey

13. Birthplace No record 9
(City, town, or county) (State or foreign country)

14. Maiden name Jane MC-Mellon

15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Mc Gaughey.

(b) Address 304 N. Byers Ave; Joplin Mo;

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Kansas;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 8-14-42 (Date received local registrar) (b) Gertrude Sudbrock (Registrar's signature)

1204 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 13, day 1942 year hour 7-30 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug. 12, 1942 to Aug 13, 1942 that I last saw him alive on Aug. 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

9 to a

Major findings:
Of operations None
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. T. Talamo (M. D. or other) M.D.

Address Joplin Mo. Date signed 8-14-42

Atlanta

42-8-732.

SEP 16 1942

SEP 23 1942

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.....

Licensed Embalmer No. 2689

P. O. Address Neosho 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.