

FILED APR 12 1945

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
738 EAST 7th STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 YEARS
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 738 East 7th St.
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MATTIE ALICE PUGH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Charles Pugh

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

7. Birth date of deceased September 23, 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 11
If less than one day hr. min.

9. Birthplace Butler, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William E. Fletcher

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
(City, town, or county) (State or foreign country)

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Pugh

(b) Address 738 East 7th St. Carthage, MO

17. (a) Burial (b) Date thereof 3-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waters Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison Ave., Carthage, MO

19. (a) Mch 8 45 (b) Elizabeth Corplein
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6th, year 1945 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 10 1944 to March 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

23. Signature of Physician E. C. Ulmer (M. D. Registrar)
Address Carthage, MO Date signed 3-7-45

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

45-3-207

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..... *E. L. Lerner*

Licensed Embalmer No..... *2222*

P. O. Address..... *Ortledge*

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.