

FILED DEC 6 1945

Registration District No. 155

Primary Registration District No. 4244

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

1. PLACE OF DEATH:

(a) County Washburn

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

(c) Name of hospital or institution:
902 Pine St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

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

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

3. (a) PRINT FULL NAME Donna May Pugh

3. (b) If veteran, name war NO

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1945 hour 12 minute 30 AM

4. Sex Female 5. Color of hair White

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

6. (b) Name of husband or wife R. W. Pugh 6. (c) Age of husband or wife if alive 25 years (Month) (Day) (Year)

7. Birth date of deceased May 25 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 17 1945 to Nov 19 1945 that I last saw her alive on Nov 1 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 5 Days 18 If less than one day hr. min.

Immediate cause of death: Tubercular Peritonitis 1 Year

Due to

Due to

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

Other conditions (Include pregnancy within 3 months of death) 15

Major findings: Tubercular Peritonitis

Of operations

Of autopsy

10. Usual occupation Home Wife

11. Industry or business

MOTHER, FATHER { 12. Name Jim Woolf

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

14. Maiden name Makalia Kincaid

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Isabelle Taylor

(b) Address Noel Mo.

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

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

(b) Date of occurrence

17. (a) Burial (b) Date thereof 11-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur?

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

(c) Place: burial or cremation Seneca Mo.

(Specify type of place) While at work? NO Means of injury NO

18. (a) Signature of funeral director J. H. Russell

(b) Address Seneca Mo.

19. (a) 11-20-1945 (b) J. H. Russell
(Date received local registrar) (Registrar's signature)

Signature J. H. Russell (M: D. or other) NO

Address Seneca Mo Date signed 11.8.45

STATE 7 2 1978

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 *R. M. Buzzard*
Licensed Embalmer No. *2334*
P. O. Address *Seneca, 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.