

FILED FEB 21 1947

Registration District No. **378**

Primary Registration District No. **378**

Registrar's No. **26**

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: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Thurman Ross ROUGHTON
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male (1) 5. Color or race White
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased February 4, 1947
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Robert T. Roughton
13. Birthplace Jane Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jewell A. Stirewall
15. Birthplace LaRussell Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert T. Roughton
(b) Address 119 N. Garrison Carthage

17. (a) Burial (b) Date thereof 2 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 2-10-47 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 119 N. Garrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th.
year 1947 hour 10:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 4, 1947 to Feb 10, 1947
that I last saw him alive on Feb 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Premature birth (28 wks)
congenital atresia
Due to (unknown)

Duration

today

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) Cause 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 _____

23. Signature George H. Wood (M. D. or other) _____
Address Carthage Mo Date signed Feb 10 47

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

47-2-109

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 *Gene C. Pugh*
Gene. C. Pugh.

Licensed Embalmer No. 4831

P. O. Address Carthage, 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.