

FILED NOV 5 1947

Registration District No. **354**

Primary Registration District No. **6197**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas

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

(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 _____
(Specify whether)

In this community 8 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Tx (b) County Texas 107

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME RAIph Irgais Pugh

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex m. o 5. Color or race w.

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

6. (b) Name of husband or wife Letha

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan 22 1885
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>62</u> | <u>8</u> | <u>4</u> | hr. min. |

9. Birthplace Willis Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Elijah Pugh

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

14. Maiden name Emma Humes

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

16. (a) Informant Cecil Howard

(b) Address Carroll mo

17. (a) Removal (b) Date thereof Sept 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Kansas

18. (a) Signature of funeral director Rayford Elliott

(b) Address Carroll mo

19. (a) Sept 27 (b) Gaynell Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1947 4 hour 40 minute P. M.

21. I hereby certify that I attended the deceased from Sept 25 1947 to Sept 26 1947
that I last saw him alive on Sept 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Sclerosis

Due to Hypertension + Arteriosclerosis

Duration 10 yrs

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

Major findings: 43A

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:

(c) 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? 2

While at work _____
(Specify type of place) (e) Means of injury _____

23. Signature J. Russell (M. D. or other) D.

Address Carroll mo Date signed 9/27/47

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

7
3
0

RECEIVED

District Health Officer No. 5,

District File No. 1047606

Date Filed 10-30-47

NOV 5 1947

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

Geylord Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool

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.