

Primary Registration District No. 3006

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Hilcrest & Rollins St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Lifetime (Specify whether)
 In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 6
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME HENRY HAZARD PUGH
 3. (b) If veteran, name war None 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cora Stover Pugh 6. (c) Age of husband or wife if alive 8 - 13 - 1883 years
 7. Birth date of deceased 8 - 13 - 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 15
 year 1948 hour 4 minute 30 P. M.
 21. I hereby certify that I attended the deceased from.....
, 19....., to....., 19.....;
 that I last saw him..... alive on....., 19.....;
 and that death occurred on the date and hour stated above. Duration
 Immediate cause of death Unknown

8. AGE: - Years Months Days If less than one day
64 11 2 hr. min.

Due to Believed to be heart disease

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Employee of Missouri University Maintenance Dept.
 11. Industry or business.....
 12. Name Morgan Pugh
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Saralida Pierce
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy..... 950

MOTHER FATHER
 16. (a) Informant Mrs. Cora Pugh
 (b) Address Route 6, Columbia, Mo.
 17. (a) Burial (b) Date thereof 7-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Church
 18. (a) Signature of funeral director Parsons Funeral Service
 (b) Address Columbia, Mo.
 19. (a) 7-17-48 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

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 Edward Coran
 Address Columbia Mo. Date signed 7/14/48

PHYSICIAN
 Underline the cause of which death should be charged statistically.

Date Filed JUL 21 1948
District File Number

District Health Officer No. 9,
RECEIVED

NOV 4 1948

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 Thos L. Turing
Licensed Embalmer No. 4132
P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.