U. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8461

FILED MAR 17 1941

Registration District No. 8 7 6

Primary Registration District No. 6 1 6 4

Registrar's No.

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

108
0
0

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural Lake twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Horton, Mo R.F.D.1 (If not in hospital or institution, write street number or location)

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

In this community: 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon 108

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

(d) Street No.: Horton, Mo R.F.D. #1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: May E. Dallugge

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Rudolph Dallugge

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Sept (Month) 12 (Day) 1879 (Year)

8. AGE: Years 61 Months 4 Days 14 If less than one day hr. min.

9. Birthplace: Cass Co. (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Herman Hagwood

13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name: Mary Ellen Nibbelt

15. Birthplace: Cass Co. (City, town, or county) Ill (State or foreign country)

16. (a) Informant: Rudolph Dallugge

(b) Address: Horton Mo RRD#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Newton Cemetery

18. (a) Signature of funeral director: Terry Funeral Home

(b) Address: Nevada, Mo.

19. (a) Feb. 15-41 (Date received by local registrar) (b) Stella Feild. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1941 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 17, 1940 to Jan 26, 1941; that I last saw him alive on Jan 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Bronchogenic Carcinoma in Brain	2 mo
Due to: Primary Bronchogenic Carcinoma of upper Bronchus	9 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: none

Of autopsy: none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] M.D. (M. D. or other) D

Address: Nevada Mo Date signed 1-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 3-41-421
Date Filed 3-5-41

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 Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, above space should be left blank.