DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12422

Registration District No. 908 Primary Registration District No. 6222 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

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

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

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

3. (a) PRINT FULL NAME Bessie Dugan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Matthew F Duggan

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

7. Birth date of deceased Nov. 4 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Fulton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name William Jackson
13. Birthplace Hull, England Foreign
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Thomas
15. Birthplace Hull England Foreign
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Hathaway
(b) Address Norwood Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-30-41
(Month) (Day) (Year)

(c) Place: burial or cremation Baker Cemetery

18. (a) Signature of funeral director Ella J. Baulden
(b) Address Norwood Mo

19. (a) 3-1-41 (Date received local registrar) (b) Bernice Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1941 hour minute 12 24 A.M.

21. I hereby certify that I attended the deceased from Jan 23, 1941, to Jan 25, 1941
that I last saw her alive on Jan 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
& Flu

Due to Flu

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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. or other)

Address [illegible] Date signed 1/26/41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

I X19511

RECEIVED
District Health Officer No. 6,
District File Number 441-665
Date Filed APR 16 1941

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Norwood, Missouri

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.