No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34613

Registration District No. 167

Primary Registration District No. 573

Registrar's No.

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Fair Play Milliam 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community seventy seven yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar 20
(c) City or town Fair Play D
(If outside city or town limits, write "RURAL")
(d) Street No. D
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henrettia Jane Bugg
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Bugg
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 4th (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
76	II	4	hr. min.

9. Birthplace Cedar County Mo (City, town, or county) (State or foreign country) 1
10. Usual occupation House wife
11. Industry or business

MOTHER FATHER
12. Name James Isham
13. Birthplace Tenn (City, town, or county) (State or foreign country) 1
14. Maiden name Miss Roach
15. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

16. (a) Informant C.W. Bugg
(b) Address Fair Play, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lindley Prarie
18. (a) Signature of funeral director Frank W. Barker
(b) Address Fair Play, Mo.
19. (a) Sept. 1, 1941 (Date received local registrar) (b) B.A. Chuk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1941 hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from July 5 1941 to July 8 1941 that I last saw her alive on July 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute intestinal obstruction	2 days
Due to Abdominal tumor (Nature indefinite)	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1226 2	

Major findings:
Of operations #
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? #
While at work # (Specify type of place) (e) Means of injury # 0

23. Signature Chas H Brown (M. D. or other)
Address Fair Play Mo Date signed 7-12-1941

151 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-41-1870
Date Filed 11-13-41

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 Paul Feustone

Licensed Embalmer No. 3990

P. O. Address Calais, Me

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

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