

FILED APR 15 1943

Registration District No. 233

Primary Registration District No. 3027

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon Mo.
(c) Name of hospital or institution:
122 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community Three years
years, months or days)

3. (a) PRINT FULL NAME Marion Curtis Dougan

3. (b) If veteran, name war 3. (c) Social Security No. 491-09-7144

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife Patrice Lee Dougan 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov 30 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 19 hr. min.

9. Birthplace Bolelow Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Work

11. Industry or business

12. Name Aloys Dougan

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

14. Maiden name Mora Charlton

15. Birthplace St. Louis Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beatrie Dougan

(b) Address 22 Madison St. Macon

17. (a) (Burial, cremation, or other) (b) Date thereof 3-21-42
(Month) (Day) (Year)

(c) Place: burial or cremation Bolelow Mo.

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marysville Mo.

19. (a) 3/9/42 (Date received by registrar) (b) Ira B. Mueller (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 074
(c) City or town Barnard & St. Joseph 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from March 10
1942 to March 19 1942
that I last saw him alive on March 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Due to arteriosclerosis 7 yrs

Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations 83a PHYSICIAN
Of autopsy _____ 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 _____
23. Signature R. H. Still (Address) Macon Mo
Address Macon Mo Date signed Mar 19 1942

RECEIVED

District Health Officer No. 10

District File Number 4-10-867 763

Date Filed APR 1 1942

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: William Campbell

Licensed Embalmer No. 2680

P. O. Address: Manville, 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, fact should be so stated above.