

FILED NOV 4 1942

Registration District No. **48**

Primary Registration District No. **4056**

Registrar's No. **341**

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

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Fisk**
(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 **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Isaac M. Dugger**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Parlee Dugger** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **December 17, 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	10	4	_____ hr. _____ min.

9. Birthplace **Williamson County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown David Dugger**

13. Birthplace **Unknown S. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Mary Waldorf**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harrison Dugger**

(b) Address **Thayer, Mo.**

17. (a) **burial** (b) Date thereof **10-25-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ash Hill**

18. (a) Signature of funeral director **Marshall Shain**

(b) Address **Fisk, Missouri**

19. (a) **10-22-42** (b) **Belle Kivens**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**

(c) City or town **Fisk**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21**
year **1942** hour **9 AM.** minute _____ M.

21. I hereby certify that I attended the deceased from **June**
1942 to **October** **1942**
that I last saw him alive on **Oct. 21** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Failure**

Due to **Apoplexy** **10 yrs.**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **g3a1**

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature **Donald Chappell** M. D. or other _____

Address **Fisk, Mo.** Date signed **10/23/42**

RECEIVED

District Health Office No. 2,

District File Number 1142-1854

Date Filed 11-2-42

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

Wallace N. Fitch

Licensed Embalmer No. 3569

P. O. Address

Poplar Bluff 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.