

U. S. No. 2
OM-5-42
Rev. 5-17-39
I X32873

33557

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 4 1942
Registration District No. 218

Primary Registration District No. 3817

Registrar's No. 126

27
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Cooper**
(b) City or town **Boonville**
(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 **35 Years.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cooper**
(c) City or town **Boonville**
(If outside city or town limits, write "RURAL")
(d) Street No. **413 Vine Street.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME **Mrs. Addie Dugan.**
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **22nd**
year **1942** hour **3** minute **15 a.m.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Dr. W. L. Dugan.** 6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **May 3 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 19 1942** to **Oct 22 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 **Pyelitis and Cystitis** Duration **2 wks**

8. AGE: Years **78** Months **5** Days **20** If less than one day
hr. min.

Due to **133a**
Due to _____

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

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

10. Usual occupation **Housewife.**

11. Industry or business **At Home**

12. Name **Abraham Derry,**

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

14. Maiden name **Unknown.**

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

16. (a) Informant **Miss Gertrude Dugan.**

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

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 23rd/42** (Month) (Day) (Year)

(c) Place: burial or cremation **Marshfield, Mo.**

18. (a) Signature of funeral director **Goodman & Holler**
(b) Address **Boonville, Mo.**

19. (a) **Oct 22-42** (Date received local registrar) (b) **Dr. Chas. Swab** (Registrar's signature)

PHYSICIAN
Major findings: **none**
Of operations **none**
Of autopsy **none**
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 **T.C. Rebeck** (M.D. or other) **MD**
Address **Boonville, Mo.** Date signed **10-23-42**

1088

RECEIVED

District Health Officer No. 8,

District File Number -----

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 G. J. Roller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.