

FILED FEB 10 1943

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

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

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Ann Dougan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married

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

7. Birth date of deceased June 22 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 6 8 hr. min.

9. Birthplace Circleville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name Andrew Horgan

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

14. Maiden name Mary Lynch

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

16. (a) Informant Mr Geo Dougan

(b) Address Shackelford Mo.

17. (a) burial (b) Date thereof Dec 30 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highway Park Shackelford

18. (a) Signature of funeral director Don Short

(b) Address Marshall Mo.

19. (a) 1-5-43 (b) Marshall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30, year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Oct 17, 1942, to Dec 30, 1942, that I last saw her alive on Dec 29, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death In Myocarditis & decompensation

Due to Hypertension

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN 1 1/2 yrs

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (e) Means of injury

23. Signature Marshall (M. D. or other) 1/2/43
Address Marshall Date signed

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

77
0

97
0

MOTHER FATHER

1215

Health Officer No. 8,

District File Number

Date Filed 2-9-43

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 Donald W. Short

Licensed Embalmer No 3757

P. O. Address Marshall 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3629
Registrar's No. 2

Registration District No. 324

Primary Registration District No. 3072

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Fitzgibbon Hospital
(If in hospital or institution, write street number or location)
(d) Length of stay: _____ (Specify whether in hospital or institution)
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Ann Dougan

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 m

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

7. Birth date of deceased June 22 (Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days _____ (if less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (Date received local registrar) (b) Ms T. Oberbark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 22 Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
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)
(b) 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 _____ (M. D. or other) _____ Address _____ Date signed _____

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

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the data is as accurate and reliable as possible.

The third section describes the results of the analysis. It shows that there are significant trends in the data, particularly in the areas of sales and expenses. These findings are crucial for understanding the overall performance of the organization.

Finally, the document concludes with a series of recommendations for future actions. These include improving the data collection process, enhancing the accuracy of the records, and implementing more robust internal controls.

The second part of the document provides a detailed breakdown of the financial data. It includes a table showing the monthly sales figures over a period of six months. The data indicates a steady increase in sales, which is a positive sign for the company.

Month	Sales	Expenses	Profit
Jan	1200	800	400
Feb	1350	900	450
Mar	1500	1000	500
Apr	1650	1100	550
May	1800	1200	600
Jun	1950	1300	650

The analysis also identifies areas where costs can be reduced without affecting the quality of the products or services. For example, the procurement of raw materials can be optimized by negotiating better prices with suppliers.

Overall, the document provides a comprehensive overview of the company's financial health and offers practical advice for improving its performance.