

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution:
617 Locust St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether years, months or days)

In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington
(If outside city or town limits, write "RURAL")

(d) Street No. 617 Locust St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Caroline DePugh

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband William H. DePugh

6. (c) Age of husband deceased years

7. Birth date of deceased October 23, 1865
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>78</u> | <u>0</u> | <u>23</u> | hr. min. |

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

10. Usual occupation House-work

11. Industry or business X

12. Name Fred John Zeller

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

14. Maiden name Mary Hahner

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

16. (a) Informant Miss Emma Zeller

(b) Address 617 Locust St. Washington, Mo.

17. (a) Burial (b) Date thereof Nov. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nichols & ...

(b) Address Washington, Mo.

19. (a) Nov. 17, 1943 (b) Lucille Ruther Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th, year 1943 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1942 to Nov. 1943 that I last saw h. aw. alive on Nov. 15 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration 18 mo.

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations —

Of autopsy —

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 E. G. Turner (M. D. or other) —

Address 39 W. 4 - Washington Date signed 11/17/43

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

MOTHER FATHER

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 me.

~~Registered Apprentice No.~~

working under my personal supervision.

Signed

A. J. Meberg

Licensed Embalmer No.

2387

P. O. Address

Washington, Md

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.