

FILED DEC 22 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
715 Gladstone /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -
In this community 2 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 715 Gladstone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME INFANT DUGAN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Nov. 24, 1943
(Month) (Day) (Year)

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

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name CLARENCE W. DUGAN

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

14. Maiden name Agnes Peter

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

16. (a) Informant Burrell Peter

(b) Address St. George, Kansas.

17. (a) Removal (b) Date thereof Nov. 27, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. George, Kansas.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 11-26-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1943 hour 10 minute 30 P.

21. I hereby certify that I attended the deceased from 11/24, 1943, to 11/24, 1943; that I last saw him alive on 11/24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death 2 1/2 Mo. premature birth lived 2 hrs.
Due to not known

Due to 159
Other conditions -
(Include pregnancy within 3 months of death)

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) (c) Means of injury 0

23. Signature R. Williams (M. D. or other)
Address 6200 St. John Ave Date signed 11/26/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Williams

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 A. B. Blackman
Licensed Embalmer No. 3639
P. O. Address: K. C. 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.