

FILED AUG 10 1944
Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MARSHALL RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 mile N MARSHALL
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George DOUGAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife MARGARET DOUGAN 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Dec 4 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 27 If less than one day
.....hr.min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name Unknown
13. Birthplace " " (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant MRS Will Horgan

(b) Address PLATER MO

17. (a) BURIAL (b) Date thereof July 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHACKEL FORD, MO

18. (a) Signature of funeral director DEN SHORT

(b) Address MARSHALL MO

19. (a) 7-10-44 (b) Mrs T.O. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1944 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 28 to July 1, 1944
that I last saw him alive on July 31 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 3 days

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

Major findings: Of operations 93d

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
Signature [Signature] (M. D. or other)
Address [Signature] Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,
District File Number
Date Filed 8-9-44

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 Don 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.