

FILED SEP 14 1944

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 207

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wilhite Convalescent Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Years
(Specify whether)
 In this community 86 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone 10
 (c) City or town Columbia 9
(If outside city or town limits, write "RURAL") 4
 (d) Street No. Wilhite Convalescent Home
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME NANNIE A. BUGG
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 21
 year 1944 hour 10 minute _____ A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife James S. Bugg
 (c) Age of husband or wife if alive 17 - 1858 years
 7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from 19 4-3
 _____, 1944 to Aug 11, 1944
 that I last saw her alive on Aug 11, 1944
 and that death occurred on the date and hour stated above
 Immediate cause of death myocardial infarction Duration _____

8. AGE: Years 86 Months 4 Days 4
 If less than one day _____ hr. _____ min.

Due to Gun Arterio-sclerosis
 Due to _____

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Other conditions 93e
(include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Buckner Robertson
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Murray
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Emmett McDonnell
 (b) Address Virginia
 17. (a) Burial (b) Date thereof 8-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Grandview
 18. (a) Signature of funeral director Parsons Funeral Service
 (b) Address Columbia, Mo
 19. (a) 8-25-1944 (b) Edna H. Barber
(Date received local certifier) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Stephen Devent (M. D. or other) _____
 Address Columbia Date signed 8/26/44

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

10
2
4

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

9-13-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.