

FILED AUG 17 1944

State File No.

Registration District No. 347

Primary Registration District No. 6172 4508

Registrar's No.

1. PLACE OF DEATH:

(a) County STONE
(b) City or town GALENA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community most of life (Yes or No)
years, months or days about 22 yrs.

3. (a) PRINT FULL NAME DOLPH D. BUGH

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced widowed
6. (b) Name of husband or wife Margaret Bugh 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Nov. 24, 1874 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

MOTHER FATHER { 12. Name Clinton T. Bugh 9
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Santha J. Livingston 9
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Boyd Daniels

(b) Address Galena Mo.

17. (a) removal (b) Date thereof 6-10-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director W. D. Noon

(b) Address Cassville Mo.

19. (a) 6/19/44 (b) Boyd Daniels (Date received local registrar) (Signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104
(c) City or town Galena (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 day 9 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Sept. 13, 1942 to June 8, 1944
that I last saw him alive on June 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure Duration 6 mo.

Due to Chronic myocarditis
Due to Chronic hypoxemia

Other conditions (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

23. Signature Boyd Daniels M. D. or other

Address Cassville Mo. Date signed 6-9-44

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

RECEIVED
District Health Officer No. 6,
District File Number 844-926
Date Filed AUG 15 1944

DEC 17 1957

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, by

....., Registered Apprentice No.
working under my personal supervision.

Signed

W. C. Koon

Licensed Embalmer No.

4359

P. O. Address

Cassville, 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.