

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31990

State File No. _____

Registration District No. 274

Primary Registration District No. 6273-4547 Registrar's No. _____

1. PLACE OF DEATH:

- (a) County North
(b) City or town Front City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5-5 yrs
years, months or days

3. (a) PRINT FULL NAME Glice Verbeck Bugh

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William C Bugh 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 17 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James H Verbeck

13. Birthplace Millington Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Knight

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

16. (a) Informant Belville Dampfle

(b) Address Front City, Mo.

17. (a) Burial (b) Date thereof 8-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Front City Cem.

18. (a) Signature of funeral director Arch C Dampfle

(b) Address Front City, Mo.

19. (a) Aug 15-1944 (b) Arline Sadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County North
(c) City or town Front City, Mo.
(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: Month 8 day 10
year 1944 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from march 2 1944 to 8-10 1944;

that I last saw her alive on 8-9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic failure of liver Duration 6 mo

Due to V

Due to r

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

Major findings: V

Of operations V

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) V

(b) Date of occurrence V

(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? V

While at work? V (Specify type of place) (e) Means of injury

23. Signature Arline Sadden (M. D. or other)

Address Front City Mo Date signed 8-11-44

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Arch C. Dwyer

Licensed Embalmer No. *3252*

P. O. Address *Grant Co.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.