

FILED NOV 10 1946  
43  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
Buchanan  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1111 So. 15th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 65 years years, months or days)

3. (a) PRINT FULL NAME DAISY DELLA DUGGER  
3. (b) If veteran, name war none  
3. (c) Social Security No. 491-09-4217

4. Sex female  
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: September 2 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	1	29	hr. _____ min.

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

10. Usual occupation inspector

11. Industry or business Sun Mfg. Co.

12. Name Wm. Dugger  
13. Birthplace Lexington Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily F. Leslie  
15. Birthplace Andrew Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Dugger  
(b) Address 1111 So. 15th

17. (a) burial (b) Date thereof 11/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ebenezer Cemetery

18. (a) Signature of funeral director Walter S. Bowman  
(b) Address 319 So. 19th

19. (a) 11/1/44 (b) Helen J. Pickett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1111 So. 15th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 31  
year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from  
Mar. 10 1943 to Oct. 31 1944  
that I last saw her alive on Oct. 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Heart Disease (arteriosclerotic)  
unknown

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Gall-bladder Disease  
(Include pregnancy within 3 months of death) unknown

Major findings:  
Of operations Cholecystectomy 10-5-44  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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) (Means of injury)  
23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed 10-21-44

NOV 28 1944

NOV 16 1944

JUL 8 1948

Dr. J. J. Byrne  
Corby Body

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: *Edward A. Brennan*

Licensed Embalmer No. *1710*

P. O. Address *St Joseph 74*

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.