

FILED DEC 9 1944
 Registration District No. 177

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town K.C. Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hosp.
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kans. (b) County Wyandotte
 (c) City or town K.C. 994
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1723 Dundard 14
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Douglas Le Roy Nugum
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 - day 3
 year 1944 hour 7 minute 15 AM.
 21. I hereby certify that I attended the deceased from 12-3, 1944, to 12-3, 1944
 that I last saw him alive on 12-3, 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced 7-13
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Non viable fetus - Prematurely
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. min. _____
 9. Birthplace K.C. Mo. (City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

10. Usual occupation 7-13
 11. Industry or business _____
 12. Name Joseph Moore Nugum
 13. Birthplace Fort Scott, Kans. (City, town, or county) (State or foreign country)
 14. Maiden name Mrs. (Dennette) Carroll
 15. Birthplace K. (Dennette) (City, town, or county) (State or foreign country)

16. (a) Informant Mother
 (b) Address 1723 Dundard
 17. (a) Removed (Burial, cremation, or removal) (b) Date thereof 12-3-44 (Month) (Day) (Year)
 (c) Place: burial or cremation Park View Cem. K.C.K.
 18. (a) Signature of funeral director Edo. Brown
 (b) Address 1416 Main
 19. (a) Dec 2, 1944 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

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) Means of injury: _____
 23. Signature J. E. Brown (M.D. or other) _____
 Address 3119 Broadway, K.C.K. Date signed 12/3/44

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

4838

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.