

FILED NOV 24 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 887

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1149 University St.
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution.....
In this community 56 yrs
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL.") 5

(d) Street No. 1149 University St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Charles Rue Bugiel

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th
year 1944 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from 8 AM
Nov. 10th, 1944, to 5-30 AM, Nov. 10th, 1944
that I last saw him alive on 11-10, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife UNK.

6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased Feb. 14, 1862
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris with Coronary Occlusion

Duration

8. AGE: Years 82 Months 8 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Due to.....

Due to..... 940

10. Usual occupation Retired engineer

11. Industry or business.....

12. Name John Charles Rue Bugiel

13. Birthplace Unknown France
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown UNK. A
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Rue Bugiel

(b) Address 1149 University St. - Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Fred. C. Thieme

(b) Address 1100 Brownville Ave. - Springfield, Mo.

19. (a) 11-11-44 (b) W. W. Laudley
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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

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

(b) 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?
(Specify type of place) (e) Means of injury.....

23. Signature E. S. Evans (M. D. or other)
Address Springfield, Mo. Date signed Nov. 11/44

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.....

Fred C. Pieme

Licensed Embalmer No.....

2899

P. O. Address.....

Springfield, 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.

X