DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1945

STANDARD CERTIFICATE OF DEATH

State of Missouri 556

State File No. 41372
Registrar's No. 32

1. PLACE OF DEATH:
(a) County Iron Ayersia
(b) City or town Rural Liberty Twp (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: --
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community -- (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State North Carolina (b) County --
(c) City or town Durham (If outside city or town limits, write RURAL)
(d) Street No. 2113 Roxboro Rd (If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) FULL NAME Edgar Lougee Jr
3. (b) If veteran, name war --
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race W
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 April (Month) 18 (Day) 1923 (Year)

8. AGE: Years	Months	Days	If less than one day
21	8	3	- hr. - min.

9. Birthplace Durham, N Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business --
MOTHER FATHER
12. Name Edgar Lougee Sr
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature George Cohen
(b) Address MAAF, Malden, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place; burial or cremation Durham, N.C.
18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Missouri
19. (a) Dec 25, 1944 (Date received local registrar) (b) Mrs Francis E Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month December day 21
year 1944 hour 1:30 AM minute
21. I hereby certify that I attended the deceased from --
--, 19--, to --, 19--:
that I last saw him dead on arrival, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Complete Destruction of Vital Centers	
Due to Aircraft accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident
(b) Date of occurrence 21 December 1944
(c) Where did injury occur? Ironton (City or town) Iron (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? WOODS (Specify type of place)
While at work? Yes (e) Means of injury Aircraft acc
23. Signature [illegible] Reg Nurse (M. D. or other)
Address MAAF, Malden, Mo. Date signed 22 Dec 44

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District Health Officer No. 4

District File Number 145-39

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