. S. No. 2
00M—5-43
ev. 5-17-39
I X 36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8561

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1277

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1411 Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C. Mo 49
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 Euclid
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Whitney Dugas
3. (b) If veteran, name war Worlds War 1
3. (c) Social Security No. 729-12-3810
4. Sex Mal 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie Dugas
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan (Month) 13 (Day) - 1897 (Year)

8. AGE: Years 48 Months 1 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Lafayette La (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
12. Name Unknown Enos Dugas
13. Birthplace Unknown Ally Valerie Vidley (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 Dorcas Thompson
(b) Address 1318 Garfield Be 3919
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 21 (Day) 45 (Year)
(c) Place: burial or cremation Woodworth Kansas
18. (a) Signature of funeral director H B Moore
(b) Address 1820 E 18 St
19. (a) 3-20-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11 year 1945 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Auto Traumatism
Due to Crushed Injury to Chest and Head
Due to Pedestrian
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 170C
Of autopsy Just

Duration

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) Acc
(b) Date of occurrence 3-10-45
(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Street (Specify type of place)
While at work? no (e) Means of injury Auto Traumatism
23. Signature P Richardson (M. D. or other)
Address 1837 Vine Date signed 3-18-45

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1945

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 H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18st

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1277

On this 30 day of Nov, 1945, before me appear Lottie Dugas, who, upon her oath, states that the original record of ~~birth~~ death for Whitney Dugas died ~~born~~ March 11, 1945, in the State of Missouri, and which was filed at K.C. on 3-30, 1945, should be corrected as follows:

~~Item No.~~ Wife's Name should read Lottie Dugas

~~Instead of~~ — — — — —

~~Item No.~~ Wife's Age should read 42

~~Instead of~~ — — — — —

~~Item No.~~ Father's Name should read Enos Dugas

Instead of — — — — —

~~Item No.~~ Mother's Name should read Lilly Valerie Violex

Instead of — — — — —

Item No. 6 A should read Married

Instead of Single

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Verified by marriage license D No. 94723 Pd No. 9321 issued in Leavenworth, Kansas

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lottie Dugas
Relationship.

Service Club #3 Fort Leonardwood Mo
Present Address.

Subscribed and sworn to before me this 30 day of Nov, 1945

My Commission expires Dec 15-1947 Sam E Sensenay Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

F. S. 135
-3-42
I X32339

8561