

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9384

State File No. _____

Registration District No. 13

Primary Registration District No. 5241

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Madison
(c) Name of hospital or institution: Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Claud W. Bugg

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fannie
6. (c) Age of 60 years
7. Birth date of deceased Sept. 10 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 10 hr. min.

9. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John W. Bugg
13. Birthplace Cedar County
(City, town, or county) (State or foreign country)
14. Maiden name Henerita Isham
15. Birthplace Cedar County
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Bugg
(b) Address Fair Play, Mo.
17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie
18. (a) Signature of funeral director Barker, Emory & Blue
(b) Address Fair Play, Mo.
19. (a) March 24, 1945 (b) Floyd Sparks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20
year 1945 hour 3 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed
Dead from natural causes
Probably cerebral hemorrhage
Due to _____

Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

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) no
(b) Date of occurrence Mar 20 1945
(c) Where did injury occur? no (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)
While at work? _____ (e) Means of injury 3
23. Signature M.D. Givins (City or town) (County) (State)
Address Edwards Spring, Mo. Date signed 3/24/45

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

1291

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1953

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

William B. Erwin

Licensed Embalmer No.

3092

P. O. Address

Balivore 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.