

S. No. 2  
M-3-43  
v. 5-17-39  
X37823

36540

DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH SERVICES  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 13

Primary Registration District No. 50-62-4026

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Barry

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

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Tulsa

(c) City or town Tulsa  
(If outside city or town limits, write "RURAL")

(d) Street No. 906 E. 5th Place.  
(If rural, give location)

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

3. (a) PRINT FULL NAME IVAN MILES DUGGER

3. (b) If veteran, name war 1st. World.

3. (c) Social Security No. 440-14-0238

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1945 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ETHELYN DUGGER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 2 1896  
(Month) (Day) (Year)

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death: Brain Convulsion result airplane crash

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>49</u> | <u>4</u> | <u>29</u> | hr. _____ min. _____ |

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Scatterville Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Salomon S. Dugger

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

14. Maiden name Sarah Hill

15. Birthplace Ind.  
(City, town or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ethelyn Dugger

(b) Address 906 E. 5th Place Tulsa

17. (a) Removal (b) Date thereof Nov. 1 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Okla.

18. (a) Signature of funeral director Blankenship

(b) Address Monett, Mo.

19. (a) 11-1-45 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

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

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

Date of occurrence 10-31-45

(b) Where did injury occur? Barry mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Airplane crash on vacant lot  
While at work? Retiree (Specify type of place) (e) Means of injury 20

23. Signature J. D. Baldwin (M. D. or other) \_\_\_\_\_  
Address J. Purdy, mo. Date signed 10-31-45

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

MOTHER FATHER

150X

RECEIVED

District Health Officer No. 6,

District File Number 1145-1113

Date Filed NOV 17 1945

DEC 1 1945

SEP 13 1946

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 L. H. Blackenship

Licensed Embalmer No. 305397

P.O. Address Monett, 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.