

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6671  
Registrar's No. 57

FILED MAR 8 1948

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days (Specify whether)  
In this community Entire Life (years, months or days)

3. (a) PRINT FULL NAME Ernest W. Dugan

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex Male 5. Color or  
race White

6. (a) Single, widowed, married,  
2 divorced Widowed

6. (b) Name of husband or wife  
Maude E. Dugan

6. (c) Age of husband or wife if  
alive years  
13 1866

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

8. AGE: Years Months Days  
79 8 8  
If less than one day  
hr. min.

9. Birthplace Pettis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

12. Name George E. Dugan

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

14. Maiden name Anna A. Stevens

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

16. (a) Informant George Dugan

(b) Address 1613 S. Kentucky, Sedalia, Mo.

17. (a) Burial (b) Date thereof Feb. 22, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 2-23-46 (b) Betty Yeager  
(Date received local registrar) (Printed name and signature)

251 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 652 East 10th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21  
year 1946 hour 18 minute 10 M.

21. I hereby certify that I attended the deceased from Oct -  
10 1946 to Feb 21 1946  
that I last saw him alive on Feb 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Cervix -  
Abdominal Metastases

Due to Abdominal Metastases

Due to Abdominal Metastases

Other conditions Ameliority  
(Include pregnancy within 3 months of death)  
Appendiceal abscess -

Major findings:  
Of operations Operated Oct 10 1945

Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None  
(Specify type of place) (e) Means of injury None

23. Signature Geo B. Carlier M.D. (M. D. or other)  
Address Sedalia Mo - Date signed 2-22-46

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

5627

30  
6  
4

8:10 AM Feb 21

RECEIVED

District Health Officer No. 8<sub>u</sub>

District File Number \_\_\_\_\_

Date Filed 3-7-46

MAR 11 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 KPM Lary  
Licensed Embalmer No. 3153  
P. O. Address Sedalia 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.