

S. No. 2
-12-45
5-17-39
P 1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39855

FILED JAN 13 1947
Registration District No. 42

Primary Registration District No. 1000

State File No. _____
Registrar's No. 1450

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 64 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1111 So. 15th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Cora Myrtle Dugger

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 23 year 1946 hour 3 minute 10 P.M.

3. (b) If veteran, name war No 3. (c) Social Security No. 491-09-4218

21. I hereby certify that I attended the deceased from 5-29 1940 to 12-28 1946 that I last saw her alive on 12-15 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 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 June 22 1881

Immediate cause of death: Cancer of uterus
Duration: Unknown

8. AGE: Years Months Days If less than one day
65 6 6 hr. min.

Due to _____
Due to _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace: Andrew County Missouri

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

10. Usual occupation: Seamstress

11. Industry or business: Seamstress

12. Name: William M. Dugger

13. Birthplace: Palaska Co. Kentucky

14. Maiden name: Emily Frances Leslie

15. Birthplace: Andrew Co. Missouri

16. (a) Informant: Mrs. Wm. M. Dugger
(b) Address: St. Joseph, Mo.

17. (a) Burial (b) Date thereof: 12/31/46
(c) Place: burial or cremation: Ebenezer Cemetery

18. (a) Signature of funeral director: Hutton B. Gale & Burdman
(b) Address: St. Joseph, Mo.
19. (a) 1-4-47 (b) G. G. Jenkins

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature: _____ (M. D. officer)
Address: _____ Date signed: 12-31-46

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

MOTHER FATHER

382

JUL 8 1958
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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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319501st St. Joseph

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.