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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 6 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5162

State File No. 431

Registrar's No. 41

1. PLACE OF DEATH:

(a) County: Callaway

(b) City or town: Stephens
(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 years, months or days)

In this community: 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Callaway 14

(c) City or town: Stephens 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: BESSIE WANAMAKER BUGG

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lon Bugg

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

7. Birth date of deceased: 3 (Month) - 23 (Day) - 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	25	hr. min.

9. Birthplace: Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Henry Wilmore

13. Birthplace: Benton Illinois
(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: Lon Bugg

(b) Address: Stephens, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) Jan 31-48 (Date received local registrar) (b) Joseph Monroe Kluff (Registrar's signature) 38

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 10-10, 1947 to 1-18-, 1948 that I last saw h. alive on 12-19-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart trouble Extra Systoles, was in B. Co. Hosp. under Dr. Stine. Bat Regain Duration: Several Mo.

Due to: Dyspnea

Due to: Excessive Edema

Other conditions (Include pregnancy within 3 months of death): Dilatation of aorta of unknown

Major findings: Of operations: None

Of autopsy: None

PHYSICIAN — Underline the cause of 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:

(c) Where did injury occur? (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:

23. Signature: [illegible] Dyson (M. D. or other) M.D.

Address: Columbia Mo. Date signed 1-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9, 20194
District File Number
Date Filed 2-4-48

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia 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.