. S. No. 300
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ev. 5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 1 1948

Registration District No. 1-46

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 8982

Registrar's No. 96

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town [redacted] Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Indep. Sanitarium. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Minutes (Specify whether
In this community 3 1/2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 8615 E 29th 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Dugan
3. (b) If veteran, name war No
3. (c) Social Security No. 460-16-1887
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olie M. Dugan
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March (Month) 10 (Day) 1870 (Year)

8. AGE: Years 77 Months 0 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Watchman (Retired)
11. Industry or business Moody Press, Galveston, Tex
MOTHER FATHER
12. Name James Dugan
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9
14. Maiden name Martha Guillmans
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs Olie M. Dugan
(b) Address 8615 E 29th, K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill, K.C. Mo
18. (a) Signature of funeral director Dayton L. Tapley
(b) Address Independence, Mo
19. (a) 3-19-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 3, 1948, to March 17, 1948; that I last saw him alive on March 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration: months
Due to Arteriosclerosis — Duration: years
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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 W. H. Hutchison (M. D. or other) M.D.
Address 1st Natl Bank Bldg Date signed 3/18/48

(Licensed Embalmer's Statement on Reverse Side)

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 Dale A. Oldfield, Registered Apprentice No. 31, working under my personal supervision.

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Independence, 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.