FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 2 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22202

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 765

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 26 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 220 No. 18th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Da vid Lawrence Digan
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Catherine Digan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 23 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	79	6	22	hr. min.

9. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business J.R. Hopkins Importers.
FATHER
12. Name Owen E. Digan
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Griffin
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Mary E. McElhany
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Keaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 7-20-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's Signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1948 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 1946 to July 15, 1948 that I last saw him alive on July 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumonia
Due to Arteriosclerosis, general
Due to Cerebral Arteriosclerosis
Other conditions Hypochromic anemia.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

Duration

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)
(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 Louis G. Neudorff M.D. or other
Address 875 Charles St. St Joseph, Mo. Date signed 7-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

APR 7 1952

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.....319 So 10th, St. Joseph,.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.