No. 2
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1424

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 384

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community Non-Resident years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2108 Clay
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Lowry Roe Dougan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ruby Lee Dougan

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 17, 1891 (Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Police officer

11. Industry or business North Kansas City, Mo.

MOTHER FATHER
12. Name David Dougan
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Kunkel
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Lee Dougan
(b) Address 2108 Clay, North K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mem. Park. St. Joseph Mo

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) Jan. 27 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Sept 1, 1940, to Jan 23, 1941;
that I last saw him alive on Jan 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Primary Carcinoma in

Due to right tonsil. 45

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Melvin Langhus (M. D. or other)
Address No. Kansas City Date signed 1-25-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Laughlin

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 Harold L. Posson, Registered Apprentice No. _____ working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North Kansas City, Mo

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.