

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Washington
(c) City or town Blair
(If outside city or town limits, write "RURAL")
(d) Street No. 123 Lincoln Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1941 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Dec 24th 1941 to Dec 25th 1941; that I last saw her alive on Dec 25th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute, static pneumonia
Due to Diabetic Coma et Cerebric
Due to Chronic interstitial Nephritis
Other conditions Advanced Age
(Include pregnancy within 3 months of death)

Duration

24 hrs

20 yrs

Year

PHYSICIAN

Major findings:
Of operations ✓
Of autopsy 61
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. C. Coffeyville (M. D. or other) 0
Address 612 Chandler Bldg. Date signed 12-25-41

3. (a) PRINT FULL NAME Mrs. Minnie S. Bugdon

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Ferdinand Bugdon 6. (c) Age of husband or wife if alive 21 years (Day) (Year)

7. Birth date of deceased July 21 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name Peter D. Johnson

13. Birthplace Norway
(City, town, or county) (State or foreign country)

14. Maiden name Anna Maria

15. Birthplace Norway
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Curtis P. Bugdon

(b) Address 3618 Flara Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Nebraska

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-25-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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

48
3
8

999
25
0

2

MOTHER FATHER

15. C. 12. 11. 0.

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.....

Ernie M. Calhoun

Licensed Embalmer No.....

3506

P. O. Address.....

K. C. 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.