

S. No. 2
FORM-2-43
5-17-39
I x 8 1/2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34144

State File No. _____

Registrar's No. 1182

ED NOV 9 1943 42
Registration District No. _____

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: St. Joseph's
W. Meth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 9 days
In this community abt 45 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St Joseph (Rural)
(d) Street No. RFD #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALVA-MARION DOUGAN

3. (b) If veteran, name war WW 3. (c) Social Security No. 2096

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 6 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Andrew Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name James O. Daegs

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

14. Maiden name Bell Deffer

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

16. (a) Informant William A. Dougan

(b) Address St Joseph Mo

17. (a) R. (Burial, cremation, or removal) (b) Date thereof Nov 3 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Baker Ave Cem

18. (a) Signature of funeral director Roy Stoney

(b) Address St Joseph Mo

19. (a) 11-3-43 (Date received local registrar) (b) R. H. Heizer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1943 hour 10 minute 0 A. M.

21. I hereby certify that I attended the deceased from 10/22 1943 to 10/31 1943
that I last saw him alive on 10/30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
on right side of brain

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations none

Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Roy Stoney (M. D. or other) _____

Address 264 St Joseph Date signed 11/4/43

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1944

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 *John Roy Stamey*

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph, 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.