

Registration District No. 201 Primary Registration District No. 3048

1. PLACE OF DEATH:
 (a) County Madaway
 (b) City or town Barnard Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hr
(Specify whether
 In this community in Barnard County, Mo
years, months or days) all his life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madaway
 (c) City or town Barnard
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural 2 1/2 Miles North
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Francis Dougan
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 30
 year 44 hour _____ minute 8:50 P.M.
 21. I hereby certify that I attended the deceased from Nov. 8, 1943, to 10-30, 1944.
 that I last saw him alive on 10-30, 1944
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Minnie Mae Dougan 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased March 8, 1874
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration _____
 Due to Arterio sclerosis ✓
 Due to HTA

8. AGE: Years 70 Months 7 Days 22 If less than one day _____ hr. _____ min.

Other conditions Hypertension
Gastric ulcer
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Wahman Kansas _____
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

11. Industry or business _____
 12. Name Charles Thomas Dougan
 13. Birthplace Indiana _____
(City, town, or county) (State or foreign country)
 14. Maiden name Miss Amy Brodick
 15. Birthplace Wahman Tenn. _____
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Barnett Leedy
 (b) Address Bolton, Mo
 17. (a) Burial (b) Date thereof 11-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ch. O. F. Graham, Mo

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)
 (c) Means of injury _____

18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address 951 South Main Maryville, Mo
 19. (a) Nov. 2-44 (b) Wesley Barker
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Boyles (M. D. ~~_____~~)
 Address Maryville, Mo Date signed 10-31-44

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

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1548

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 W. Hlean Campbell

Licensed Embalmer No. 2620

P. O. Address Mayville 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.