

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town St. Clair, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
(c) City or town St. Clair Mo
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME GEORGE CHARLES DUGGE

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 13 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Dittmer, Mo (City, town, or county) (State or foreign country) ^

10. Usual occupation Retired

11. Industry or business _____

12. Name Geo Dugge
13. Birthplace Unknown (City, town, or county) (State or foreign country) ^
14. Maiden name Minnie Judice
15. Birthplace Unknown (City, town, or county) (State or foreign country) ^

16. (a) Informant Mrs Otto Williams
(b) Address St. Clair Mo.

17. (a) Burial (b) Date thereof 5 30 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dittmer, Mo

18. (a) Signature of funeral director W. M. Casey

(b) Address Casey & Sons, St. Clair, Mo

19. (a) 5/21/1945 (Date received local registrar) (Registrar's signature) R. J. Thomas, Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1945 hour 8 2 minute 19 M.

21. I hereby certify that I attended the deceased from 5-19-45 to 5-19-45
that I last saw him alive on May 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None
Of autopsy _____
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) _____ (Specify means of injury)

23. Signature W. J. Mitchell (M. D. or other) _____
Address St. Clair Mo Date signed 5/20

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

36
0

MOTHER FATHER

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 6-13-45

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 S. Thib

Licensed Embalmer No. 3008

P. O. Address Pacific St

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.