

FILED NOV 8 1944

State File No. _____

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 62

1. PLACE OF DEATH:

(a) County **Barry**

(b) City or town **Cassville**
(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 _____
In this community **most of life** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** 5

(c) City or town **Cassville** /
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME **Fannie Bugg**

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

4. Sex **Fe.** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **E. G. Bugg** 6. (c) Age of husband or wife if alive **1870** years

7. Birth date of deceased **Dec. 9**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	8	6	hr. _____ min.

9. Birthplace **Madsonville Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Rev. J. S. Henry**

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

14. Maiden name **Betty Searcy**

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

16. (a) Informant **Mrs. W. D. Koon**
(b) Address **Cassville, Mo.**

17. (a) **burial** (b) Date thereof **8/17/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **W. H. Koon**
(b) Address **Cassville, Mo.**

19. (a) **Aug 21-1944** (b) **Grace Williams**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15**
year **1944** hour **9:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **Aug. 1933** to **Aug. 15, 1944**;
that I last saw her alive on **August 15, 1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Arteriosclerosis**

Due to **61**

Other conditions **Diabetes Mellitus 15 yrs**
(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 **Grace Williams** (M. D. or other) _____

Address **Cassville, Mo.** Date signed **8-21-44**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1044-1100

Date Filed OCT 30 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 *E. M. J. Jones*

Licensed Embalmer No. 3453

P.O. Address Cassville, 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.