S. No. 2
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FILED JUN 7 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17805

Registration District No. 29 | Primary Registration District No. 5039 | Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Cassville (Rural) Mineral
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community twenty five years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry

(c) City or town: Cassville R#2
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Maudie May Doty

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband ~~or wife~~: Dave Doty

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: July (Month) 26 (Day) 1884 (Year)

8. AGE: Years 55 | Months 8 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: Verona (City, town, or county) Lawrence Co Missouri (State or foreign country)

10. Usual occupation: House-wife

11. Industry or business: Own Home

MOTHER FATHER

12. Name: John Haley

13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

14. Maiden name: Elizabeth Hollman

15. Birthplace: Little Rock (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Vaie Doty

(b) Address: RF#1 Cassville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Mineral Springs

18. (a) Signature of funeral director: Koger Funeral Home

(b) Address: Cassville, Mo.

19. (a) 4/9/40 (Date received local registrar) (b) Leon Newman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1940 hour 2:20 a.m. minute ____ M.

21. I hereby certify that I attended the deceased from Nov 1939 to April 1940; that I last saw her alive on April 3 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Bladder — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations ____ 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? ____ (Specify type of place)

While at work ____ (d) Means of injury ____

23. Signature: Glenn R. Dalyer (M. D. ~~or other~~)

Address: Cassville Mo Date signed: April 8

(Licensed Embalmer's Statement on Reverse Side)

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 Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Caseville, 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, above space should be left blank.