

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28521
Registrar's No. 677

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH: GREENE
(a) County GREENE
(b) City or town. SPRINGFIELD
(c) Name of hospital or institution
890 So. Missouri 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 yrs
years, months or days (Specify whether 263)

3. (a) PRINT FULL NAME SAM DAUGHERTY
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 2, 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 15 If less than one day hr. min.

9. Birthplace UNKNOWN TENNESSEE
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

12. Name JAMES DAUGHERTY
13. Birthplace UNKNOWN, TENN
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BIGGS
15. Birthplace UNKNOWN, TENN
(City, town, or county) (State or foreign country)

16. (a) Informant J.W. Davis
(b) Address 890 So. Mo., Springfield MO

17. (a) Burial (b) Date thereof Aug 29, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation M.T. Hope Cem.

18. (a) Signature of funeral director HURLBUT UND. CO
(b) Address DOPLIN MO

19. (a) Aug 19, 1940 (b) W. S. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 890 So. MO. AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 17, 1940
year hour minute 9-00 P.M.

21. I hereby certify that I attended the deceased from July 10, 1940, to Aug 17, 1940; that I last saw him alive on Aug 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis
Terminal Uremia
Duration 10 yrs

Due to 131

Other conditions Certain sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy
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) NO
(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 R. M. White (M. D. or other) 1
Address Springfield Date signed 8/18/40

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

Perry R. Hurlbut

Licensed Embalmer No.

959

P. O. Address

Garlin 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.