

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28541

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 700

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 503 N. Nettleton 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 7 Months (Specify whether years, months or days) 2 1 3

3. (a) PRINT FULL NAME EVELYNE LOUISE DAUGHERTY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Baby

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

7. Birth date of deceased January 4 1940
(Month) (Day) (Year)

8. AGE: Years 10 Months 7 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Charles Daugherty
13. Birthplace Willow Springs Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Carl
15. Birthplace Marionville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Daugherty
(b) Address 503 N. Nettleton, Springfield, Mo.

17. (a) Cremation (b) Date thereof Aug 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H. C. Tennessee

(b) Address Springfield, Mo.

19. (a) Aug 25, 1940 W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 503 N. Nettleton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th
year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from August 16 1940, to August 23 1940
that I last saw her alive on August 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacterial Enteritis 8 days
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? _____

904
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Robert Langston (M. D. or other) M.D.
Address Springfield, Mo. Date signed 8/24/40

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

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.....

R. H. Thieme

Licensed Embalmer No.....

3681

P. O. Address.....

Springfield, 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.

X