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SEP 2 1940

1-10-39
17-39
X21492

Registration District No. 875

Primary Registration District No. ~~875~~ 3039

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution five days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 307 N. Ash Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Dorothy Taylor Dough
(b) If veteran, name war
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 5 ch
year 1940 hour 10 minute A. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 31 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 31, 1940, to Aug 5, 1940
that I last saw him alive on Aug 31, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 6 hr. _____ min.

Immediately cause of death
Berth injury
Cerebral hemorrhage
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
1610
PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Infant
11. Industry or business _____

MOTHER FATHER
12. Name Derwood A. Dough
13. Birthplace Mo Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Mae Thomas
15. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claude Dough
(b) Address Nevada Missouri

Major findings:
Of operations _____
Of autopsy _____

17. (a) Burial (b) Date thereof Aug 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park

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?
795

18. (a) Signature of funeral director Allen V. Hoops
(b) Address Nevada Mo
19. (a) 8-5-1940 (b) Allen V. Hoops
(Date received local registrar) (Registrar's signature)

23. Signature Allen V. Hoops (M. D. or _____)
Address Nevada, Mo Date signed 8-6-40

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1255

Date Filed 9-4-40

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

Allen V. Hoays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.