

No. 2
4-13-40
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FILED OCT 18 1940

418 Primary Registration District No. 5572 Registrar's No.

19

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Ashbury, Mo. R. 1
(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 2
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Ashbury
(If outside city or town limits, write "RURAL")
(d) Street No. R. # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME George Earl Doty

20. DATE OF DEATH: Month Aug day 16
year 1940 hour 12 minute 0 M.

3. (b) If veteran, name war
3. (c) Social Security No. 513409-82

21. I hereby certify that I attended the deceased from Aug 15 1940
19 to 19

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

that I last saw him alive on Aug 15 1940
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Corneil Doty 6. (c) Age of husband or wife if alive 45 years

Immediate cause of death Pulmonary Abscess

7. Birth date of deceased 1 Dec 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 15 If less than one day hr. min.

Due to
Due to

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

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Miner

11. Industry or business

12. Name George E. Doty

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Corneil Doty
(b) Address R. # 1 Ashbury

17. (a) Burial (b) Date thereof Aug 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Matt C. ...
(b) Address ...

19. (a) Aug 19-40 (b) Tom Hopkins
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature M. D. or other
Address Ashbury Mo. Date signed 9/19/40

114 B

SEP 20 1945

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,722

P. O. Address Webb City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32301

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 418

Primary Registration District No. 5572

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Gasper T.P.
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Geo Earl Doty

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 15 If less than one day _____ min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: month Aug day 16
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary abscess
Evidently T.B. of lungs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 73

Major findings: Of operations _____

Of autopsy _____

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?

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

23. Signature H. Sturman (M. D. or other) MD

Address Osborne, Mo. Date signed _____

SUPPLEMENTARY

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

