

Registration District No. **6777**

Primary Registration District No. **4403**

Registrar's No. **116**

1. PLACE OF DEATH: *Phelps*

(a) County *Phelps*

(b) City or town *Walla*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *McClelland Hospital*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *35 days*
(Specify whether)

In this community *same*
years, months or days

3. (a) PRINT FULL NAME *Joel W. DAUGHERTY*

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

4. Sex *M.* **5. Color or race** *W.* **6. (a) Single, widowed, married, divorced.** *W.*

6. (b) Name of husband or wife. *Sarah A. Daugherty* **6. (c) Age of husband or wife if** *41*
alive years

7. Birth date of deceased. *March 4 1855*
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<i>85</i>	<i>6</i>	<i>11</i>	hr. min.

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

10. Usual occupation *Farmer*

11. Industry or business

12. Name *Daugherty*

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

14. Maiden name *Wak*

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

16. (a) Informant *Lucy J. Carney*
(b) Address *Salem, Mo*

17. (a) Burial **(b) Date thereof** *9-16-40*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. *Madison Cem.*

18. (a) Signature of funeral director *Case K. Spencer*
(b) Address *Salem, Mo*

19. (a) Sept 16, 1940 **(b) Joe F. Taylor**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *DeWitt*

(c) City or town *Rural*
(If outside city or town limits, write "RURAL")

(d) Street No. *New Gladden, Mo.*
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *15*
year *1940* hour *9* minute *35 A.M.*

21. I hereby certify that I attended the deceased from *29*
11, 19*40*, to *Sept 15*, 19*40*
that I last saw him alive on *Sept 15*, 19*40*
and that death occurred on the date and hour stated above.

Immediate cause of death *Rayage of old age*

Due to _____

Due to *129*

Other conditions *Prostatitis*
(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) _____

(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?
610

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

23. Signature *William M. Taylor* **(M.D. or other)** *MD*
Address *Walla, Mo* **Date signed** *9-17-40*

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

RECEIVED

District Health Officer No. 5,

District File Number. 10401039

Date Filed -----

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Me

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.