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13-40  
7-39  
X23159

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. \_\_\_\_\_

FILED DEC 10 1940

1. PLACE OF DEATH:  
(a) County JASPER  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 hrs 20 min  
(Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County JASPER  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 W 16th Street  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WILLIAM DAVID DAUGHERTY

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 15 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 7 hr. 20 min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Daugherty  
13. Birthplace Berry Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Alta Pearl Reed  
15. Birthplace Joplin Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant David Daugherty

(b) Address 410 W 16th, Joplin, Missouri

17. (a) Burial (b) Date thereof Nov 16 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Laupher Mortuary

(b) Address 1502 Joplin St. Joplin, Mo

19. (a) 11-18-40 (b) Ed Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 16  
year 1940 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-15-40, 19\_\_\_\_, to 11-16-40, 19\_\_\_\_; that I last saw him alive on 11-15-40, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Congenital Heart (Patent Foramen Ovale)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? 392  
(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter Howard (M. D. or other) \_\_\_\_\_  
Address 1150 Alky. Mo Date signed 11/17/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

40-12-607

**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

*F. M. Jones*

Licensed Embalmer No.

*2319*

P. O. Address

*Joplin 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.**