No. 2
13-40
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2594

REC'D JAN 25 1941

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 36

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

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: St. Johns hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hours (Specify whether years, months or days)
In this community 3 years

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. 2013 Oakland (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME RALPH EMERSON DOTY
3. (b) If veteran, name war World War
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy Doty
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased March (Month) 18 (Day) 1895 (Year)
8. AGE: Years 45 Months 9 Days 22 If less than one day ____ hr. ____ min.
9. Birthplace Atkinson (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Star Route Mail Carrier
11. Industry or business U. S. G. Government
MOTHER FATHER
12. Name Walter R. Doty
13. Birthplace Unknown (City, town, or county) Vermont (State or foreign country)
14. Maiden name Mary Wright
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Wallace Doty
(b) Address Lowry City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lowry City Mo.
18. (a) Signature of funeral director F. C. Arkins
(b) Address Springfield, Mo.
19. (a) 1-12-41 (Date received local registrar) (b) W. C. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th year 1941 hour 3:45 minute A.M.
21. I hereby certify that I attended the deceased from Jan. 9 1941, to Jan. 10 1941; that I last saw him alive on Jan. 9 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis mesenteric	2 days
Due to Phlebitis	
Due to Infected foot	
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? (Specify type of place)
While at work? (e) Means of injury

Signature Arthur D. Krabb (M. D. or other) M.D.
Address 450 1/2 Commercial Date signed 1/14/41
Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Cheene

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.