

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25198

State File No.

District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County: Henry
(b) City or town: Clinton mo
(c) Name of hospital or institution: Clinton GEN HOSPT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days
(Specify whether
In this community: all life 0 years, months or days)

3. (a) PRINT FULL NAME: Margaret E. DAUGHERTY

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

4. Sex: 71 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

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

7. Birth date of deceased: Dec 24 1921
(Month) (Day) (Year)

8. AGE: Years: 19 Months: 6 Days: 27 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: _____

11. Industry or business: _____

12. Name: James D. Daugherty

13. Birthplace: New Haven mo (City, town, or county) (State or foreign country)

14. Maiden name: Margaret Alan Crawford

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

16. (a) Informant: Mrs. James Daugherty

(b) Address: Clinton mo

17. (a) Burial (b) Date thereof: 7-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Creston mo

18. (a) Signature of funeral director: Conradus Beck

(b) Address: Clinton mo

19. (a) 8-6-41 (b) Dr. J. R. Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: mo (b) County: Henry
(c) City or town: Clinton
(If outside city or town limits, write "RURAL")
(d) Street No.: 213 North 3rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 21
year: 1941 hour: 1 minute: 25 P. M.

21. I hereby certify that I attended the deceased from July 15, 1941, to July 21, 1941;
that I last saw her alive on July 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke due to automobile accident
Duration: 3 days

Due to: Fractured skull

Due to: 170 lbs. weight

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: none

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): Accident

(b) Date of occurrence: July 15 1941

(c) Where did injury occur? Clinton Henry mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place) (e) Means of injury: motor car

While at work? No

23. Signature: S. B. Fischer (M. D. or other) MD

Address: Clinton Date signed: 7/23/41

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

DEC 2 0 1941

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1334

Date Filed 8-14-41

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

J E Gonzalez

Licensed Embalmer No. 1891

P. O. Address Clinton 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. 25-198

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da
In this community all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret E. Daugherty

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

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

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 19 Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business School girl

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) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (c) 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) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1941 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 Duration

Due to

Due to

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S-25198