

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28454**

**AUG 29 1941**

Registration District No. **378**

Primary Registration District No. **5526**

Registrar's No. **44**

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

1. PLACE OF DEATH: **Howard,**

(a) County **Howard,**

(b) City or town **Richmond "Rural" Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Fayette, Missouri.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **in home**  
In hospital or institution **home**  
(Specify whether)

In this community **a life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **0450**

(a) State **Missouri** (b) County **Howard**

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

(d) Street No. **Fayette**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **William Woods Dougherty,**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3rd** 1941  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary Dougherty,**

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

7. Birth date of deceased **February 19th 1858**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 10** 19**40** to **July 3** 19**41**  
that I last saw him alive on **July 3** 19**41**  
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **4** Days **15** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Coronary Thrombosis** Duration **2 days**

Due to **Chronic Myocarditis** 10 yrs

9. Birthplace **Missouri** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Farmer,**

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

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

Major findings: Of operations **none**

Of autopsy **none**

MOTHER FATHER

12. Name **James Dougherty,**

13. Birthplace **Kentucky** (City, town, or county) (State or foreign country) **1**

14. Maiden name **Elizabeth Mobley.** (City, town, or county) (State or foreign country)

15. Birthplace **Kentucky** (City, town, or county) (State or foreign country) **1**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **E. T. Dougherty.**

(b) Address **Fayette, Mo.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **7-5th 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnutridge,**

(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? **AI**

18. (a) Signature of funeral director **Guy T. Halley.**

(b) Address **Fayette, Mo.**

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

19. (a) **8-4-41** (b) **Amos B. Tindal**  
(Date received local registrar) (Registrar's signature)

23. Signature **W. Bloom** (M. D. or other) **9.00**  
Address **Fayette Mo** Date signed **7-7-41**

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-27-41

**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

*Genj T. Hickey*

Licensed Embalmer No. *2966*

P. O. Address

*Fayetteville, 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.**