No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28796

FILED SEP 5 1941

Registration District No. 5-16 Primary Registration District No. 5682 Registrar's No. 9

59
0
0

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town ~~Wheeling Rural~~ Wheeling Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution X (Specify whether
In this community All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. R.F.D. # 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph P. Dooley

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name ~~of husband~~ or wife Lottie Dooley

6. (c) Age of ~~husband~~ or wife if alive 64 years

7. Birth date of deceased August (Month) 31 (Day) 1875 (Year)

8. AGE: Years 65 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Nichlos Dooley
13. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hogan
15. Birthplace (City, town, or county) 2 Canada (State or foreign country)

16. (a) Informant Mrs Lotta Dooley
(b) Address Wheeling Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Leoplis cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) Sept 1 - '41 (Date received local registrar) (b) Mrs. L. Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 41 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 29, 1941; that I last saw him alive on Aug 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart decomplication	1 mo
Due to: Chronic myocarditis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

93 L

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

23. Signature R. J. Brennan (M. D. or other)
Address Chillicothe Mo Date signed 8/30/41

460

(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 Frank L. Dunley, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank L. Dunley

Licensed Embalmer No. 470

P. O. Address Wheeling W

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.