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23158

FILED SEP 13 1941

Registration District No. 1122

Primary Registration District No. 6226

Registrar's No. 20

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town CLARK-TWP.-RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 58 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town CLARK TWP. RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

114
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3. (a) PRINT FULL NAME EUGENE PRINSTEON DOYPL

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 MARRIED
6. (b) Name of husband or wife SARAH ANN DOYPL 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July 12 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name WILLIAM H DOYPL

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

14. Maiden name ARNETTA SCOTT

15. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Doypl

(b) Address MALCOM D MO

17. (a) BURIAL (b) Date thereof SEPT. 4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MALCOM D MO

18. (a) Signature of funeral director W. A. Stiffe

(b) Address MANSFIELD MO

19. (a) 9-4-41 (b) Roy A Burnett
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3
year 1941 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from Aug 28
1941 to 9/3-1 1941

that I last saw him alive on Sept 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart aneurysm
3rd time

Due to _____

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? _____

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

23. Signature Roy A Burnett (M. D. or other) _____

Address Newwood Date signed 9/4

13A

PHYSICIAN

Underline the cause to which death should be charged statistically.

1941

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

RECEIVED

District Health Officer No. 6,

District File Number 941-1490

Date Filed SEP 11 1941

OCT 6 1941

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. H. Steffe*

Licensed Embalmer No. 3221

P. O. Address Manfield mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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