

FILLED NOV 4 1941

Registrar's No. 309

Registration District No. 213

Primary Registration District No. 3014

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MELVIN DOYLE

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 single

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

7. Birth date of deceased: December 5 1959
(Month) (Day) (Year)

AGE:		Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>		<u>1</u>	<u>10</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Willard Doyle

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

14. Maiden name Ethel Franklin

15. Birthplace Vienna, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Doyle

(b) Address Vienna, Missouri

17. (a) burial (b) Date thereof Oct. 28 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchison Cemetery

18. (a) Signature of funeral director H. C. ...

(b) Address Vienna, Missouri

19. (a) October 27/41 (b) Norma ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Vienna, Missouri
(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 October day 26th
year 1941 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Oct. 19th, 1941, to Oct. 26, 1941.
that I last saw him alive on Oct. 26 (8 AM), 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Glomerular nephritis Duration 6 days

Due to Ulcerative colitis 21 days

Due to Gastro Enteritis 28 days

Other conditions Scurvey 28 days
(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? _____

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

23. Signature D. B. ... (M. D. or other)
Address Jefferson City, Missouri Date signed 10/27/41

STATEMENT BY LICENSED EMBALMER

not

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

Licensed Embalmer No.

P. O. Address

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.