

FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35191

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage City
(c) Name of hospital or institution McCune-Brooks Hospital
(d) Length of stay: In hospital or institution 11 Days
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town RURAL - Preston Twn.
(d) Street No. Route #2, Carthage, Mo.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th,
year 1941 hour 8:25 minute P. M.

21. I hereby certify that I attended the deceased from July 1935 to Oct 28 1941;
that I last saw her alive on Oct 28 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chronic Nephritis 2 yrs
Due to Paralysis agitans 5 yrs
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318
Of autopsy Cerebral edema
General Arteriosclerosis
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) none
(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)
(b) Means of injury
23. Signature George H. Wood (M. D. or other)
Address Carthage Mo Date signed 10/29/41

3. (a) PRINT FULL NAME MOLLIE WINGFIELD DOUGHTY
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Charles Lee Doughty
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 11, 1877 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 17
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Lewis Wingfield
13. Birthplace X Va. (City, town, or county) (State or foreign country)
14. Maiden name Ollie D. Horton
15. Birthplace X Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed. Strecker
(b) Address Route #1, Carthage, Missouri
17. (a) Burial (b) Date thereof 10-31-41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paradise Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison Ave., Carthage, Mo.
19. (a) Oct 30, 1941 (b) E. J. McEntee, M.D. (Date received local registrar) (Registrar's signature)

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

MOTHER: FATHER

41-11-916

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..... *E. L. Williams*

Licensed Embalmer No. *2222*

P. O. Address *Carthage*

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.