

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

FILED DEC 11 1941
Registration District No. LA

State File No. _____
Registrar's No. _____

Primary Registration District No. 5609

1. PLACE OF DEATH:
(a) County LaClede
(b) City or town 6 miles west of Lebanon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway "66", 6 miles west of Lebanon, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 7 weeks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Unknown
(c) City or town Mansfield
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME William D. Doty (Private)
3. (b) If veteran, name war --
3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 20
year 1941 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from --
--, 19-- to --, 19--;
that I last saw -- alive on --, 19--;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased February 21 1916
(Month) (Day) (Year)

Immediate cause of death. (1) Hemorrhage, subarachnoidal and intracerebral. (2) Fracture, comminuted, compound of nasal xx bones, maxillae and frontal bone, left. (3) Multiple lacerations of xxx face, scalp & left arm, due to auto accident which occurred when two xxxxx cars collided headon about 5:30 PM, November 20, 1941 on Highway "66", 6 miles west of Lebanon, Missouri.
Of autopsy. AS above.

8. AGE: Years 25 Months 9 Days --
If less than one day -- hr. -- min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
1706-6
22

9. Birthplace Cardington Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Soldier-U.S. Army- 35033901
11. Industry or business Detachment QMC (White)
12. Name William H. Doty
13. Birthplace Unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Isabel Doty
15. Birthplace Unknown unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Military Records
(b) Address Fort Leonard Wood, Missouri
17. (a) Removal (b) Date thereof 11-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Mo
18. (a) Signature of funeral director Paul Clark
(b) Address Rolla Funeral Home, Rolla, Mo
19. (a) 11-22-41 (b) Ja M. Conub
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Auto accident
(b) Date of occurrence November 20, 1941.
(c) Where did injury occur? Near Lebanon, LaClede, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
6 mi. west of Lebanon, Mo. on highway "66".
While at work? No. (Specify type of place)
(e) Means of injury Auto & Auto
23. Signature Charles R. McAdams M.D. or other MD
Address Sta Hosp, Ft. Leonard Wood, Mo. Date signed 11/21/41

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

DEC 11 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

Gen. H. Clark
#216
Tolle, 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.