

FILED FEB 16 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 3005

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill Mo  
(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.....  
years, months or days)

3. (a) PRINT FULL NAME William C Doane

3. (b) If veteran,  name war.....

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased: July 7, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 5 28 ✓ hr. ✓ min.

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

10. Usual occupation.....

11. Industry or business Handling of Real Estate

12. Name William C Doane

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

14. Maiden name Mary C Hancock

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

16. (a) Informant Reford L Doane

(b) Address Butler Mo. 64501

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 42  
(Month) (Day) (Year)

(c) Place: burial or cremation Butler Mo.

18. (a) Signature of funeral director Paul J. Reilly  
(b) Address Rich Hill Mo

19. (a) Jan. 6, 1942 (Date received local registrar) (b) Walter J. Allen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rich Hill  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1942 ho 9 minut 45 P. M.

21. I hereby certify that I attended the deceased from Oct 23 1941 to Jan 4 1942  
that I last saw him alive on Jan 4 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Re. Pulmonary Edema

Due to.....

Due to..... 83 hr

Other conditions Branchial Arteries  
(Including pregnancy within 3 months of death) Chronic Hypertension

Major findings:  
Of operations.....

Of autopsy.....

Duration

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 Walter J. Allen (M. D. or other) W. J. Allen

Address Rich Hill, Mo. Date signed 1/6/42

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

9  
2

RECEIVED

District Health Officer No. 7,

District File Number 2-42-34

Date Filed 2-9-42

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Hudson Pearley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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.