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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4363

Maness

State File No. 3031

Registrar's No. 16

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO (Urban)
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

(c) City or town NEOSHO
(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

3. (a) PRINT FULL NAME ISSAC THORNTON DAUGHERTY

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 MARY ELLEN DAUGHERTY

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased FEBRUARY (Month) 2 (Day) 1873 (Year)

8. AGE: Years 68 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace McDONALD CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

FATHER
12. Name ISAAC DAUGHERTY
13. Birthplace (City, town, or county) TENNI (State or foreign country)

MOTHER
14. Maiden name ANN EVERSON
15. Birthplace (City, town, or county) MARYLAND (State or foreign country)

16. (a) Informant William H. Daugherty
(b) Address Neosho Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Green Cemetery

18. (a) Signature of funeral director Corey Thompson
(b) Address Neosho Mo.

19. (a) 1-30-1942 (Date received local registrar) (b) Corey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 26
year 1942 hour 8:15 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 23, 1942 to Jan 26, 1943;
that I last saw him alive on Jan. 25, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

830

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

23. Signature C. E. Maness, M.D. (M. D. or other)
Address Neosho, Mo. Date signed 1-30-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 242-244
Date Filed FEB 13 1942

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 Andrew Forbes

Licensed Embalmer No. 3649

P. O. Address Neosho, 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.