

FILED FEB 25 1942

Registration District No. 7/3

Primary Registration District No. 24279

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville, Missouri
(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 23 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Waynesville
(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 _____

3. (a) PRINT FULL NAME Mary Matilda Doolin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Marion Doolin 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 14 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George W. Robertson

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

14. Maiden name Mary Ellen Trent

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

16. (a) Informant John M. Doolin

(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof Feb. 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bradford Cem. Waynesville

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Missouri

19. (a) Feb. 16-1942 (b) John M. Doolin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1942 hour 8:00 minute 20a M.

21. I hereby certify that I attended the deceased from 2/2 1942 to 2/5 1942
that I last saw her alive on 2/5 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Arterio Sclerosis

Due to Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 43a
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 2

23. Signature R. O. DeWitt (M. D. or other) MO

Address Waynesville Date signed 2/12/42

RECEIVED

Pulaski County Health Officer

File Number 242-103

Date Filed 2-17-42

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

Signed

Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Cape Charles, Va

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.