S. No. 2
d—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6775

FILED MAR 20 1942

Registration District No. 5513 — Primary Registration District No. 5513 — Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Holt
(b) City or town: Rural. (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 years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Holt
(c) City or town: Bigelow (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 Ellen Dougherty.
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: Widowed.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept. (Month) 23rd. (Day) 1860. (Year)

8. AGE: Years 81 | Months 4 | Days 27. | If less than one day ..... hr. ..... min.

9. Birthplace: Holt County, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation: House work.
11. Industry or business .....

FATHER
12. Name: John Honea.
13. Birthplace: Iowa. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lucrecia Stafford.
15. Birthplace: Iowa. (City, town, or county) (State or foreign country)

16. (a) Informant: John Dougherty.
(b) Address: Craig, Mo.
17. (a) Bur. (Burial, cremation, or removal) (b) Date thereof: 2-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound City Cemetery
18. (a) Signature of funeral director: H. Crawford
(b) Address: Mound City, Mo.
19. (a) 2-21-42 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1942 hour 10 30 minute P. M.
21. I hereby certify that I attended the deceased from Feb 20 1942 to Feb 20 1942 and that I last saw her alive on Feb 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death): GKW

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: F. E. Hogan (M. D. or other)
Address: Mound City Date signed 2-21-42

1188 (Licensed Embalmer's Statement on Reverse Side)

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

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 W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City 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.