

FILED AUG 13 1942 8-4-5 345

616-86162

Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Rural *R. T. L. Union*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Star Route Reed-Springs Mo.
(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 Stone *104*

(c) City or town Rural
(If outside city or town limits, write "RURAL") *0*

(d) Street No. Star Route Reed Springs Mo
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... *0*

3. (a) PRINT FULL NAME Thomas Sherman Dooling

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Malona C Dooling 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb, 25, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>2</u> hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Benjamin Dooling

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Ferguson

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Earl Johnson

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof Jun, 30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yocum Pond Cemetery

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) July 11/42 (b) Ruby Arnold
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1942 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 5
1942, to June 27 1942
that I last saw him alive on May 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Suicidal

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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 J. Will Smith (M.D. or other)
Address Aurora, Mo Date signed 6/28/42

1282 (Licensed Embalmer's Statement on Reverse Side)

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

104
0
0

RECEIVED

District Health Officer No. 6

District File Number 842-1216

Date Filed AUG 12 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 Herman M. Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.