

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
916 East 25th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 1/2 years (Specify whether years, months or days)
In this community. 3 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2500 Gilliam Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME ARCHIE A. DOUGHTY

3. (b) If veteran, name war. World War #1 (c) Social Security No. None

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Marion Doughty 6. (c) Age of husband or wife if alive. 39 years
7. Birth date of deceased. Oct. 12 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 14 If less than one day hr. min.

9. Birthplace. Sherwood Forest, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation. Electrician
11. Industry or business. Retired since war

MOTHER FATHER
12. Name. Orliff Doughty
13. Birthplace. Liberty Falls, New York
(City, town, or county) (State or foreign country)
14. Maiden name. Harriet Wright
15. Birthplace. Middletown, New York
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Marion Doughty
(b) Address. Milwaukee, Wisconsin
17. (a) Removal (b) Date thereof. 9 28 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Milwaukee, Wisc.

18. (a) Signature of funeral director. Weilert Funeral Home
(b) Address. 2332 Monitor Place K.C. Mo.
19. (a) 9-28-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26
year 42 hour 1:25 min. 10 M.
21. I hereby certify that I attended the deceased from 19
19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Ant. Artery thrombosis
Due to 94a
Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)
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 _____ (c) Means of injury _____
23. Signature. _____ (Date signed) 9/26/42
Address. _____

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

OCT 5-1942

OCT 9 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

Blaine E. Walcott

Licensed Embalmer No.

P. O. Address

4075
K.C. 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.