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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Vail

State File No. 30349

Primary Registration District No. 2000

Registrar's No. 696

39 2 6

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

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hosp.
(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: 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 712 S. Campbell
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mabel Peggy Daugherty

3. (b) If veteran, name war: no

3. (c) Social Security No.: Unknown

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: January (Month) 27 (Day) 1892 (Year)

8. AGE: Years 50 Months 8 Days 0 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Saleswoman

11. Industry or business: ____

FATHER
12. Name: William Saxton
13. Birthplace: Quincy (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Louise Payne
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Ely Siman
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 29, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn

18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 9-29-42 (Date received local registrar) (b) R. W. Hendley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1942 hour 5 minute 10 a.m.

21. I hereby certify that I attended the deceased from 9-15-42, 19__ to 9-27-42, 19__; that I last saw her alive on 9-26-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignancy of liver, E	3 mo.
Due to: Obstructive jaundice	
Due to: Ascites & Anemia	
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?
(e) Means of injury:

23. Signature: C. D. Vail (M. D. or other) W.D.
Address: Springfield Mo Date signed: 9/28/42

984 (Licensed Embalmer's Statement on Reverse Side)

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 L. Dwelle Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Ill

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.

X