

200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: Lincoln Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew 2

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington Doty

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 42 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Oct 27
1942 to Oct 27 1942
that I last saw h. never alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Celliae C. Doty

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased. 3 25 1898
(Month) (Day) (Year)

Immediate cause of death _____
LOBAR PNEUMONIA
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>7</u>	<u>1</u>	hr. _____ min. _____

Due to _____

Other conditions none 108
(Include pregnancy within 3 months of death)

9. Birthplace Seban Co. Ind P
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: none

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Daniel G. Doty

13. Birthplace unknown Prind
(City, town, or county) (State or foreign country)

14. Maiden name Rachael Ledmann

15. Birthplace unknown Se P. I
(City, town, or county) (State or foreign country)

16. (a) Informant George G Doty

(b) Address Madaway Mo

17. (a) Fillmore (b) Date thereof 10-29-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore Mo

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? _____

18. (a) Signature of funeral director J. Fred Terhune

(b) Address Savannah Mo.

19. (a) 10-29-42 (b) J.H. Fitchman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. Kelly (M. D. or other) _____
Address Savannah Mo Date signed Oct 28 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.....

J. Fred Turbin, Registered Apprentice No.
working under my personal supervision.

Signed *J. Fred Turbin*
Licensed Embalmer No. *1279*
P. O. Address *Savannah*

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.