

FILED OCT 22 1942

Registration District No. 21

Primary Registration District No. 4026

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Jenkins Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Jenkins Rural
(d) Street No. 2 miles west of Jenkins
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dolly Elizabeth Doty
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct day 15 year 1942 hour 2 minute 00 P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 13 - 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 13 1942 to Oct 15 1942
that I last saw her alive on Oct 13th 1942 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 2 Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Barry County (City, town, or county) mo (State or foreign country)

Immediate cause of death None Closure of Paramei Ovale at Birth
Duration _____

10. Usual occupation _____
11. Industry or business _____
12. Name Geo W. Doty
13. Birthplace Barry County (City, town, or county) mo (State or foreign country)
14. Maiden name Lola May Wilson
15. Birthplace Barry County (City, town, or county) mo (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 15 7 2
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant John Doty
(b) Address Rt 1, Jenkins, Mo
17. (a) Rural (b) Date thereof 10-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Potters Cemetery
18. (a) Signature of funeral director W. A. Hoar
(b) Address Cassville, Mo.
19. (a) Oct 16/42 (b) Uel Williams
(Date received local registrar) (Registrar's signature)

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 W. A. Hoar (M. D. or other) M.D.
Address Aurora, Mo Date signed Oct 16 42

RECEIVED

District Health Officer No. 6,

District File Number 1042-1506

Date Filed OCT 19 1942

Body was not embalmed

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

John E. Myers

Licensed Embalmer No.

3220

P. O. Address

Cassville, 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.