V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34234

Registration District No. 1167-194 Primary Registration District No. 569-85711 Registrar's No. 5

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural - Elk Horn Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Elk Horn Twp.
(If rural, give location)
(e) Citizen of foreign country? Stella, Mo. (Yes or No)
If yes, name country Route 2

3. (a) PRINT FULL NAME Loyd L. Daugherty
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 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 July (Month) 22 (Day) - 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
43	3	13	..... hr. ..... min.

9. Birthplace McDonald Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation General Laborer
11. Industry or business
FATHER
12. Name Joesph Daugherty
13. Birthplace Washburn (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Nancy Brock
15. Birthplace Bethpage (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Joesph Daugherty
(b) Address Rural - Stella, Mo. Rt. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Owsley Cementery
18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman, Mo.
19. (a) 10-30-42 (Date received local registrar) (b) L. E. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1942 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct 11 1942 to Oct 22 1942 that I last saw him alive on Oct 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Angina pectoris
Due to .....
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

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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. Cardwell (M. D. ~~or other~~)
Address Stella Mo Date signed 10-26-42

1290 (Licensed Embalmer's Statement on Reverse Side)

44

RECEIVED
District Health Officer No. 6,
District File Number 1142-1525
Date Filed NOV 4 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.....

Licensed Embalmer No.....

P. O. Address.....

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.