

FILED NOV 9 1942

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 123

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 8 das.
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MAUDELIN IVA DOOLEY

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 10 1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation House work.

11. Industry or business

12. Name Boyce-Edmond Dooley
13. Birthplace Shannon County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alta Banks
15. Birthplace Ink (Shannon County) Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Oct. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Akers Cem., Akers, Mo.

18. (a) Signature of funeral director Spencer Undertakers
(b) Address Salem, Missouri

19. (a) 10-10-1942 (b) Byrdie Bukhmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3, year 1942 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept. 11, 1942 to Oct. 3, 1942
that I last saw her alive on Oct. 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis Duration 4 yrs.

Due to
Due to

Other conditions Emotion 2 mo.
(Include pregnancy within 3 months of death)

Major findings: 84d
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?

While at work? (Specify type of place) (Specify means of injury)
23. Signature Alta N. Schmidt, M.D. (M. D. or other)
Address Farmington, Mo. Date signed 10-3-42

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

94
0
0

RECEIVED

District Health Officer No. 3

District File Number 1142-1302

Date Filed 11-5-42

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~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Burl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Me.

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.