

FILED JAN 11 1943

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 892

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Rural, S. Campbell  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1725 South Island Stone Court  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community about 2 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Greene

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

(d) Street No. 1725 South Island Stone Court  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Jeff. Daugherty

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1942 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from February 5, 1942, to Dec. 14, 1942; that I last saw him alive on November 3, 1942; 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 None Mrs. Daugherty

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: after 30 1872  
(Month) (Day) (Year)

Immediate cause of death: Myocardial insufficiency

Duration 6 months

8. AGE: Years 170 Months 7 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Arterial hypertension and arteriosclerosis 10 years

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

Due to \_\_\_\_\_

10. Usual occupation Salvaman

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: 9322

12. Name Jeff. Daugherty

Of operations \_\_\_\_\_

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Virginia Patton

PHYSICIAN \_\_\_\_\_

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mrs. Daugherty

22. If death was due to external causes, fill in the following:

(b) Address 1725 South Island Stone Court

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Buried (Burial, cremation, or removal)

(b) Date of occurrence \_\_\_\_\_

(b) Date thereof after 30 1872  
(Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(c) Place: burial or cremation St. James Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director A. B. Chaffin

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

(b) Address 2 Park Ave

23. Signature Lester B. Webb (M. D. or other)

19. (a) 12-16-42 (Data received local registrar)

Address 700 Medical Arts Building Date signed 12/19/42

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

39  
0  
0

39

40

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**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..... *T. B. Chaffin* .....

Licensed Embalmer No. *2192* .....

P. O. Address..... *Ozark, 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.**