

S. No. 2
1-9-4-41
5-17-3
PI X2344

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15684**
Registrar's No. _____

FILED APR 29 1943 47
Registration District No. **104**

Primary Registration District No. **6168**

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

1. PLACE OF DEATH:
(a) County Stone
(b) City or town rural; Lincoln Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all of life. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stone
(c) City or town rural
(d) Street No. R#2 Crane
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Raymond Daugherty
3. (b) If veteran, name war no
3. (c) Social Security No. 110/N

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 4
year 1943 hour _____ minute 40 M.
21. I hereby certify that I attended the deceased from
1943 to 1943
that I last saw him alive on naval
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced marrie
6. (b) Name of husband or wife Beulah Daugherty
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Mar. 28, 1920
(Month) (Day) (Year)

Duration
Miliary Tuberculosis 2 yrs.
Pulmonary.
Larynx.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
22 11 4 _____ hr. _____ min.

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

10. Usual occupation farming

11. Industry or business Le Roy Daugherty

12. Name _____
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Not a Priest
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Daugherty
(b) Address Crane, R#2,

17. (a) burial (b) Date thereof March 5, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic cem, Crane

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) Mar 4/43 (b) Nellie Ironley
(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) (Means of injury)
23. Signature A.P. Routh (M. D. or other) no
Address Crane, Mo. Date signed 3-4-43

RECEIVED

District Health Officer No. 6,

District File Number 443-459

Date Filed 7/22-43

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.