

JUN 10 1943

Registration District No. 55

Primary Registration District No. 4246

Registrar's No. 5

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

0 W 19

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carl Junction  
(c) Name of hospital or institution: 306 Water  
(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 (Specify whether)

3. (a) PRINT FULL NAME

Frank Carl Doby

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 6 1912  
(Month) (Day) (Year)

8. AGE: Years 28 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation miner

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

MOTHER FATHER

12. Name George Doby

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

14. Maiden name Carrie Snyder

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

16. (a) Informant George Doby

(b) Address Carl Junction Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cem

18. (a) Signature of funeral director Walt City Und Co

(b) Address Walt City Mo

19. (a) May 21 1943 (Date received local registrar) Wm Little Eagle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carl Junction  
(If outside city or town limits, write "RURAL")  
(d) Street No. 306 Water (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1943 hour 10:30 minute a M.

21. I hereby certify that I attended the deceased from Mar 21 1941 to Mar 21 1943  
that I last saw him alive on Mar 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

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

Other conditions (Include pregnancy within 3 months of death) 13 lbs

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 Wm Little Eagle (M. D. or other) \_\_\_\_\_  
Address Walt City Mo Date signed 5/21/43

43-6-439

**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 myself,  
Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Rayton M. Johnston  
Licensed Embalmer No. 4304  
P. O. Address Webb City 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.**