

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: Mc Cormick Hospital
(d) Length of stay: 50 years
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Sugar Creek, Twship
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Edwin Shale Doyle

3. (b) If veteran, name war World War I
3. (c) Social Security No. 487-07-8308

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Doyle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 22 1893

8. AGE: Years 50 Months 0 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Mo

10. Usual occupation Commission Representative

11. Industry or business Continental Oil Co

12. Name Edwin A. Doyle

13. Birthplace Mo

14. Maiden name Alice Shale

15. Birthplace Mo

16. (a) Informant Mrs Alice Doyle

(b) Address RFD Moberly Mo

17. (a) Burial (b) Date thereof 7-12-43

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 7-12-43 (b) Irma Lane

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11
year 1943 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7-3
1943 to 7-11 1943
that I last saw him alive on 7-11
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

Due to Ruptured appendix

Due to Neuro Circulatory asthenia & tachycardia

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Ruptured appendix
Of autopsy 12/11

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? _____
(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 J. L. McCormick (M. D. or other M.D.)
Address Moberly Mo Date signed 7-11-43

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

SEP 17 1943

SEP 30 1943

RECEIVED

District Health Officer No. 10

District File Number 7-43-1164

Date Filed JUL 28 1943

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.