

FILED JAN 10 1944

Registration District No. 74

Primary Registration District No. 5296

Registrar's No. 31-56

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

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Rural (Concord Twp)
(If outside city or town limits, write "RURAL" and name of township)
(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 68 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MARY FRANCES Dougherty

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex female 5. Color or race w 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased may 28 1954
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 6 3 .hr. min.

9. Birthplace Haymarket Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER { 12. Name C. H. Kelley
13. Birthplace Kentucky
14. Maiden name Darlinga James
15. Birthplace Kentucky

16. (a) Informant W. C. Kelley

(b) Address _____

17. (a) Burial (b) Date thereof 12/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel

18. (a) Signature of funeral director Funeral Home

(b) Address Plattsburg Mo.

19. (a) 12-36-43 (b) Wm A C Hartell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 18 1943 to Dec 1 1943
that I last saw her alive on Dec Nov 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3 wks

Due to Mitral Regurgitation 10 yrs

Due to 92

Other conditions Hypertensive Congestion 2 da
(Include pregnancy within 6 months of death)

Major findings: Of operations none

Of autopsy none

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 W. C. Kelley (M. D. or other)

Address Plattsburg Mo Date signed Dec 1 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.....

Danell D. Lyon

Licensed Embalmer No. *3640*

P. O. Address.....

Plattsburgh, N.Y.

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.