

43380

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 379

Registration District No. 274 Primary Registration District No. 425-3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Bathwell Hospital
(d) Length of stay: In hospital or institution 5 weeks
In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Knob Noster
(d) Street No. X
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Soto R. Doggett
3. (b) If veteran, name war A
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 12 day 12
year 1943-900 hour _____ minute _____ P.M.
21. I hereby certify that I attended the deceased from Nov 11, 1943 to Dec 12, 1943
that I last saw him alive on Dec 12, 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced MARRIED
6. (b) Name of husband or wife Grace Kidney Doggett 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 23 1883

Immediate cause of death: (D) Myocardial infarction
Due to: 1318

8. AGE: Years 60 Months 6 Days 19

Other conditions: (D) Cholesterol Myocardial infarction
Due to: Cholesterol Myocardial infarction

9. Birthplace New Haven Missouri
10. Usual occupation Hotel desk clerk

Major findings: Of operations: Myocardial infarction
Of autopsy: subcutaneous ulcers

11. Industry or business _____
12. Name Jesse L. Doggett A
13. Birthplace Missouri
14. Maiden name Emma Ferguson
15. Birthplace Missouri

16. (a) Informant Mrs. Lewis Shepherd
(b) Address 412 Highland Kansas City Mo
17. (a) Burial Knob Noster City Cem (b) Date thereof Dec 14 1943
(c) Place: burial or cremation Knob Noster City Cem
18. (a) Signature of funeral director C. L. Sault
(b) Address Knob Noster Mo
19. (a) Dec 13 1943 (b) Mrs. Anna Berger

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? _____
23. Signature G. W. Probst (M. D. or other) MD
Address Knob Noster Mo Date signed Dec 15

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

1022

43

SEP 11 1944

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-7-44

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 _____

C. L. Saults

Registered Apprentice No. _____

working under my personal supervision.

Signed *C. L. Saults*

Licensed Embalmer No. 1086

P.O. Address Knob Hoster

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.