

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3003

State File No. \_\_\_\_\_

Registrar's No. 18

FILED FEB 10 1944  
Registration District No. 3023

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(c) Name of hospital or institution 308 S Water  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yrs  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

Martha J. Dooley

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

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife C. H. Dooley 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased 4 (Month) 30 (Day) 1877 (Year)

8. AGE: Years 66 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name Alas M. Grant

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

14. Maiden name Mary M. Grant

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

16. (a) Informant C. H. Dooley

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1 (Month) 17 (Day) 44 (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) January 17, 1944 (Date received local health officer's signature)

Georgia Kitchener (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 308 S Water  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1944 hour 12 minute 00A M.

21. I hereby certify that I attended the deceased from Sept. 14 to Jan 14, 1944

that I last saw him alive on Jan 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis

Due to Coronary of heart

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H6 f

Of autopsy \_\_\_\_\_

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 2

23. Signature Geo. D. M. H. (For other) 25

Address Clinton Mo Date signed 1/17/44

(Licensed Embalmer's Statement on Reverse Side)

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

42  
1  
2

MOTHER FATHER

14 12 5

OCT 1 1948

FILED WITH Collect No. 7,

District File Number 1-44-134

Date Filed 9-9-44

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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. 2478

P. O. Address Cleburn, TX

**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.**