

FILED FEB 18 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 558

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1809 Myrtle  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)  
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sabette  
(c) City or town Parsons  
(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 2

3. (a) PRINT FULL NAME Charles Moore Doughman

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Harriett Doughman 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased 5 30 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 8 2 hr. min.

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

10. Usual occupation Hardware & Furniture for Self

11. Industry or business

12. Name Martin Luther Doughman

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

14. Maiden name Nancy No Record

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

16. (a) Informant Mrs. Drago

(b) Address 11 East 32nd Street

17. (a) Removal (b) Date thereof 2-3-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altamont, Kansas

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (a) 2-3-1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd  
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Resident Coroner  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart

Due to Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspection 9:30 History

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) (c) Means of injury 0

23. Signature A. E. Wether (M. D. or other)

Address 22 McCoy Date signed 2/2/44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Farnsworth

Prof. F. H. Eide. Vic 3434

Use 3180-5502 Fingerprint

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 *Denzil P. Browning*

Licensed Embalmer No. *2724*

P. O. Address *J. C. 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.