

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAR 9 1944

Registration District No. 57

Primary Registration District No. 5208

Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County Darvill
(b) City or town Rural Huron township
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Darvill
(c) City or town Rural Huron township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles L. Dougherty
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3 year 1944 hour 2 minute A M.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tommie Dougherty (c) Age of husband or wife if alive 7 years
7. Birth date of deceased June 22 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from (In last illness) January 5, 1944 to February 3, 1944 that I last saw him alive on Feb. 2, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 7 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death In Sept. 1943 had an operation at Columbia Mo. for a Melanotic Sarcoma of scalp behind right ear. Operation healed but patient never recovered strength. On Jan 5, had "flu" symptoms, with dullness over R lung, which increased. Other conditions broncho pneumonia, but (include pregnancy within 3 months of death) suspicion a Metastasis from the

9. Birthplace FORESTAIN GROVE MO. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to _____
Major findings: Of operation growth behind the ear, on the scalp. Death cause Exhaustion of all physical conditions
Of autopsy none

MOTHER FATHER
11. Industry or business _____
12. Name John Dougherty
13. Birthplace Indiana
14. Maiden name Ruby Jane Smith
15. Birthplace MO.

PHYSICIAN _____
Underline 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? _____

16. (a) Informant Mrs. Tommie Dougherty
(b) Address Hale MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Parson Cemetery
18. (a) Signature of funeral director Joseph B. State
(b) Address Hale MO
19. (a) Feb 5 1944 (Date received local registrar) (b) Mrs. Edgewood Smith (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature John Sturdy (M. D. or other) _____
Address Sumner, Mo. Date signed 2/4/44

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-8-44

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank V. E. Slater
Licensed Embalmer No. 397
P. O. Address Nob Md

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.