

FILED FEB. 16 1944

6037

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

Ripley

- (a) County.....
- (b) City or town 6 miles west of Doniphan.
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 1 Union Free
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution..... (Specify whether)
- In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY, day 2, year 1944, hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from 11-10- 1943 to 1-2- 1944; that I last saw him alive on 1-2- 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver.
Blood Pressure, Feb. 285
Due to Nephritis, Enlarged heart.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (b) Means of injury 0

23. Signature Edw. Adams (M. D. or other).....
Address Doniphan, Mo Date signed 1-3-44

3. (a) PRINT FULL NAME JAMES HERMAN DOHERTY.

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED.

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 27, 1884.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59.</u>	<u>11</u>	<u>6.</u>hr.min.

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

10. Usual occupation.....

11. Industry or business Farmer.

MOTHER FATHER {

12. Name Winfield Scott Doherty,

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

14. Maiden name Catherine Johnson,

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

16. (a) Informant Frank Doherty, (Brother)
(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 1-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Doniphan, Mo.

19. (a) 1-18-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

674

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

91
0
0

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. *3200*

P. O. Address *Bozidhan*

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.