S. No. 2
I—9-4-41
. 5-17-39
PI X29484

33
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10859

Registration District No. 100 | Primary Registration District No. 5388 | Registrar's No. 24

1. PLACE OF DEATH:
(a) County: Dent
(b) City or town: Short Bend Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days) In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dent 33
(c) City or town: Salem (If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? X (Yes or No) If yes, name country X

3. (a) PRINT FULL NAME: Thurman Earl Daugherty
3. (b) If veteran, name war: X
3. (c) Social Security No.:
4. Sex: male
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Beaulah May Schafer
6. (c) Age of husband or wife if alive: 20 years
7. Birth date of deceased: Sept (Month) 12 (Day) 1919 (Year)
8. AGE: Years 24 | Months 6 | Days 6 | If less than one day hr. min.
9. Birthplace: St. Francis Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: truck driver
11. Industry or business: lumber
FATHER
12. Name: Grover C Daugherty
13. Birthplace: Dent Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Edna Pruitt
15. Birthplace: Shannon Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Daugherty
(b) Address: Salem Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Forest Cem
18. (a) Signature of funeral director: [illegible]
(b) Address: Salem Mo
19. (a) 3-20-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18 year 1944 hour 9:30 minute A.M.
21. I hereby certify that I attended the deceased from ✓, 19 to ✓, 19 that I last saw h. ✓ alive on ✓, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Skull Fracture With Intra-Cranial Damage — Duration
Due to: Hit by automobile
Due to:
Other conditions: ✓ (Include pregnancy within 3 months of death)
Major findings: Of operations: ✓
Of autopsy: no

70C-21

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): no 0.33
(b) Date of occurrence:
(c) Where did injury occur? On 19 Highway 18 Ozark (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work: ✓ (e) Means of injury: ✓
23. Signature: [illegible] M.D. Coroner (M. D. or other)
Address: Salem Mo Date signed 3-20-44

(Licensed Embalmer's Statement on Reverse Side)

1177

RECEIVED
District Health Officer No. 5
District File Number 444244
Date Filed 4.10.44

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.....

Licensed Embalmer No. D 37

P. O. Address.....

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.