

FILED JUN 17 1944

State File No.

Registration District No. 1037

Primary Registration District No. 3019

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Rural 20
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell
(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) None 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Kennett Rural 20
(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 U

3. (a) PRINT FULL NAME Alva Triston Daugherty

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 4 day 19
year 1944 hour 8 minute 15 A. M.

4. Sex male 5. Color or Race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Daugherty 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased 4-17-1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-14, 1944, to 4-19, 1944, that I last saw him alive on 4-19, 1944, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>		<u>3</u>	hr. min.

Immediate cause of death
abscess lung
empyema left
Chest
Tubercula
Duration 4 weeks

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

Due to
Due to
Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Daugherty
13. Birthplace Manila Ark
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jelliff
15. Birthplace Manila Ark
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Daugherty
(b) Address Kennett Rural 20
17. (a) Presnell (b) Date thereof 4-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem

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?

18. (a) Signature of funeral director Lois General Home
(b) Address Kennett, Mo
19. (a) 5-25-44 (b) Julia Blushinsky
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature J. L. Presnell (M. D. or other)
Address Kennett Mo Date signed 4-29-44

RECEIVED

District Health Office N

District File Number 644-8

Date Filed 6-8-4

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FBI
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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 Walter A Hawker
Licensed Embalmer No. 2002
P.O. Address Ken netl m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 8

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Alva J. Daugherty

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased April 17 1911
(Month) (Day) (Year)

8. AGE: Years 34 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 9
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: abscess lung
empysem, left
chest
Due to pneumonia

Due to Toremei

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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 _____

23. Signature G. L. Presnell (M. D. or other) _____

Address Sumner Mo Date signed 6-15-44

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING INK

JUN 21

BUREAU OF CENSUS

1944 JUN 17 PM 1 29

ADMINISTRATIVE SERVICE
DIVISION

17930