

V. S. No. 2
50M-5-42
Rev. 5-17-39
X32073

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24675**
674
Registrar's No.

FILED AUG 9 1944

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2062 N. Howard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days) **1**
In this community **Three months**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **2062 N. Howard**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Nathaniel Willard Doty**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, divorced, or married **Widowed**
6. (b) Name of husband or wife **unk.**
6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **November 9, 1856**
(Month) (Day) (Year)

8. AGE: Years **87** Months **8** Days **15** If less than one day hr. min.

9. Birthplace **Dallas, County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**
On Farm

11. Industry or business
12. Name **Harlin Doty**
13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Sara Clinckbird**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil H. Doty**
(b) Address **Strafford, Missouri**

17. (a) **Burial** (b) Date thereof **July 26, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Prospect Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer, Funeral Home**
Springfield, Missouri
(b) Address

19. (a) **8-2-44** (b) **D. W. Hendry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **24th**, year **1944** hour **6:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 24, 1944** to **July 24, 1944** that I last saw him alive on **July 24, 1944** and that death occurred on the date and in the place stated above.

Immediate cause of death: **Coronary thrombosis**
Due to **hypertension**
Due to **atherosclerosis**
Other conditions: **94a**
(Include pregnancy within 3 months of death)

Major findings: **94a**
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?

23. Signature **Henry J. Kraft** (M. D. or other) **8/2/44**
Address **4501 E. Central** Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

27
2
6

984

(Licensed Embalmers' Statement on Reverse Side)

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.....

Lewis G. Scharpf

Licensed Embalmer No.....

P. O. Address.....

*2380 1/2
Springfield, MA*

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.

X