S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40073

Registration District No. 779

Primary Registration District No. 1002

Registrar's No. 5326

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2432 CHELSEA
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 74 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2432 CHELSEA STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ---- 11

3. (a) PRINT FULL NAME MRS. MARTHA LOUISA DOUGHERTY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. HENRY C. DOUGHERTY

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased FEBRUARY (Month) 15 (Day) 1864 (Year)

8. AGE: Years 80 | Months 10 | Days 12 | If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME

11. Industry or business ------

FATHER
12. Name ZACHARIA WAIT
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name ROBERTS
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Geo. V. Cheney
(b) Address 2462 Indiana Ave

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC. 29 1944 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-29-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 27TH year 1944 hour 8 minute 32 A.M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on Coroner, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary sclerosis	
Due to arteriosclerosis	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations History & Inspection
Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James C. Walker 3 (M. D. or other) Coroner

Address 1424 Profm Bldg Date signed 12-28-44

(Licensed Embalmer's 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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

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.