

S. No. 2
DM-5-43
v. 5-17-39
I X36671

2410

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 31 1945
Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson County Home for aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs 5
(Specify whether years, months or days)

In this community 63 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 3418 Baltimore
(If rural, give location)

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

If yes, name country 11

3. (a) PRINT FULL NAME Wm. E. Dougherty

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1945 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from Jan 17 1945 to Jan 18 1945 that I last saw h. alive on Jan 18 1945 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Sept. 4 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to \$30

Due to _____

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

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

71 4 15 hr. _____ min.

9. Birthplace Plymouth 1 Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Warrior

11. Industry or business _____

12. Name Charles Dougherty

13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Rural Jackson County Home

(b) Address Rt. Independence, Mo.

17. (a) Burial (b) Date thereof 1-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cem.

18. (a) Signature of funeral director C. B. Duncan 7 Home

(b) Address 214 N. Spring Independence Mo.

19. (a) Jan. 19, 1945 (b) F. M. Sellick
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 0

23. Signature H. Greene (M. D. or other) _____

Address Independence Date signed 1/19/45

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FEB 1 1945

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.....

T. W. Langford

Licensed Embalmer No.....

5233

P. O. Address.....

Feels Summit

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.