. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

Registration District No. 170

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5042

State File No. 20444

Registrar's No. 44

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

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

3. (a) PRINT FULL NAME Timothy Dougherty
3. (b) If veteran, name war -----
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sallie K. Cline
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Aug. (Month) 19 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
82	9	21	hr. min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name James Dougherty
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Mobley
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Calvin Dougherty
(b) Address R.F.D. Fayette, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge, Fayette
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 6-14-1945 (Date received local registrar) (b) Ernest McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1945 hour 7:30 minute p M.
21. I hereby certify that I attended the deceased from October 15, 1944, to June 7, 1945; that I last saw him alive on June 7, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage	Duration
Due to hyper tention	
Due to arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 U. J. Robinson (M. D. or other) D.O.
Address Higbee, Mo Date signed 6-14-45

(Licensed Embalmer's Statement on Reverse Side)

1321

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/45

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 Ralph A. Carr
Licensed Embalmer No. 3340
P. O. Address Fayette 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.