S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28085

Registration District No. 2371 Primary Registration District No. 3048 Registrar's No. 132

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital O
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Clearmont, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Wesley Dougherty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Lena Dougherty

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Sept. (Month) 6 (Day) 1906 (Year)

8. AGE: Years 38 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name James Buchanan Dougherty

FATHER 13. Birthplace Page County (City, town, or county) Ia. (State or foreign country)

MOTHER 14. Maiden name Martha F. Stoops

MOTHER 15. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Mrs Lena Dougherty

(b) Address Clearmont, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.

18. (c) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo.

19. (a) 8-21-45 (Date received local registrar) (b) Amy Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1945 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from 8/16 19 45, to 8/19 19 45; that I last saw him alive on 8/19 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (Epidemic) — Duration 3da

Due to

Due to

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 (M. D. or other)

Address Date signed 8/21/45

1349 (Licensed Embalmer's Statement on Reverse Side)

DEC 22 1948

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 myself, Registered Apprentice No. _____, working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.