S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1945

State File No. 38001

Registration District No. 227 Primary Registration District No. 4-3-3-95804 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Goss, Missouri (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 ✓ (Specify whether In this community 77 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

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

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

If yes, name country ✓

3. (a) PRINT FULL NAME Ruth Elizabeth Dooley

3. (b) If veteran name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alonzo G. Dooley

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

7. Birth date of deceased August (Month) 12 (Day) 1868 (Year)

8. AGE: Years 77 Months 1 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name William H. Pouge
13. Birthplace Madison Co (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ann Pollard
15. Birthplace Madison Co (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mistel G. Dooley

(b) Address Monroe City, Mo. R#2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 2 /45 (Month) (Day) (Year)

(c) Place: burial or cremation Stoutsville, Mo

18. (a) Signature of funeral director Wilson + Son's

(b) Address Monroe City Missouri

19. (a) Oct. 2 1945 (Date received local registrar) (b) Edwin Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29th year 1945 hour 1 minute 30 p. M.

21. I hereby certify that I attended the deceased from Sept 22, 1945, to Sept 29, 1945 that I last saw her alive on Sept 29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 Days
Due to Arthr. Sthenia	7 Mo
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 0

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 10-2-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-16
Date Filed NOV 26 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 By me

, Registered Apprentice No.

working under my personal supervision.

Signed Leslie R Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.