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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41194

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1098

39
2
6

**1. PLACE OF DEATH:**

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital (Specify whether
In this community 4 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Polk 84
(c) City or town Bolivar
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phenie Doggett
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race w
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife husband Harvie Doggett
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased June (Month) 19 (Day) 1866 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 6 | 12 | hr. min. |

9. Birthplace Unk. (City, town, or county) Ind. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unk (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Carrie King
(b) Address Buffalo, Mo
17. (a) Bolivar (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Polk Cemetery
18. (a) Signature of funeral director Chas Jester
(b) Address Erwin & Blue Bolivar Mo.
19. (a) 12-31-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 31
year 1945 hour 1:30 minute P M.
21. I hereby certify that I attended the deceased from 12/27/45, 19 to 12/31/45, 19;
that I last saw her alive on 12/31/45, 19;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocardial disease | ?? |
| Due to | |
| Due to | |
| Other conditions Diabetes (Include pregnancy within 3 months of death) | Many yrs. |

Major findings:
Of operations
Of autopsy

61

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 J. B. Lemmon (M. D. or other) M.D.
Address Springfield Date signed 12/31/45

18 X (Licensed Embalmer's Statement on Reverse Side)

APR 21 1947

## 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 Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.**