

No. 2
4-5-43
5-17-39
I X36671

State File No. _____

Registrar's No. 13

FILED JAN 25 1946

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Penit. Hosp. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
In this community 3 yrs 4 mo. 13 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL") 3
(d) Street No. Mo. State Penit.
(If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luther Doxey

3. (b) If veteran, name war Unknown
3. (c) Social Security No. None

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased August 3 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 13 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

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

14. Name of Mother May Doxey

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

16. (a) Informant Prison Hosp. Records

(b) Address Jefferson City, Mo.

17. (a) Reburied (b) Date thereof 11/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Dulle-Thompson Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 1-17-46 (b) R. A. Dennis, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16, 1946
year 1946 hour 5 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1-2-46
19____ to 1-16-46 19____

that I last saw him alive on 1-16-46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Right Lobar Pneumonia

Due to Pneumonia

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy None 108

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? m
(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 _____

23. Signature W. A. McBrally, M.D. (M. D. or other) 1-16-46

Address Jefferson City, Mo. Date signed _____

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

468

6
5
4

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-21-46

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.....

Sybilster Ouelle

Licensed Embalmer No. 4321

P. O. Address Jefferson 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.