

FILED JUN 20 1946

Registration District No. 37

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 S. Orchard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura E. Daugherty

3. (b) If veteran, name was No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clem Daugherty
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased July 29 1910
(Month) (Day) (Year)

8. AGE: 35 Years 10 Months 9 Days
If less than one day hr. min.

9. Birthplace St. Clair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name W.W. Shaw
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Percell
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clem Daugherty
(b) Address Clinton Missouri

17. (a) Burial (b) Date thereof 6-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City Missouri

18. (a) Signature of funeral director Oseola Funeral Home

(b) Address Oseola Missouri

19. (a) 6-10-46 (b) R. R. Kenny
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Lowry City Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 601 S. Orchard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with metastases to liver and periaortic lymph nodes
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 480

Major findings: Of operations Autopsy
Of autopsy See above

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Lauren V. Ackerman (M. D. or other) M.D.
Address Cancer Hospital, Clinton Mo. Date signed 6/10/46

REC'D

May 7,

5-46-611

6-12-46

Date filed

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 Paul Truettone

Licensed Embalmer No. 3990

P. O. Address Onondaga

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.