

FILED DEC 23 1946

Registration District No. _____

Primary Registration District No. 1885700

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

1. PLACE OF DEATH

(a) County Linn
(b) City or town Franklin
(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 years, months or days)
In this community 30 yrs.

3. (a) PRINT FULL NAME LUKE STOUTON DOAN

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

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced W

6. Name of husband or wife Luq Doty Harrison 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 1855
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Joshua Doan
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Hayden
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rolla Doan
(b) Address Attuma, Mo

17. (a) Funeral (b) Date thereof 12 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Franklin

18. (a) Signature of funeral director Frank E. Slater
(b) Address Hale, Mo.

19. (a) Dec 9-46 (b) Mrs. Earl Doan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Franklin
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 27
1946 to Dec 3 1946
that I last saw him alive on Dec 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis with mitral regurgitation
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 2

23. Signature Dr. Alvin A. White (M. D. or other) DO
Address Hale, Mo. Date signed 12-5-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.