

FILED MAR 14 1947

State File No.

Registration District No. 2

Primary Registration District No. 3048

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ethel Mary 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 married

6. (b) Name of husband or wife Patrick A. Dooley

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. 9 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	4	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name John M. Gentry

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

14. Maiden name Nora Reynolds

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

16. (a) Informant Patrick A. Dooley

(b) Address Fossil City, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/10/47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director W. R. Debra

(b) Address Mound City, Mo.

19. (a) 3-9-47 (Date received local registrar)

(b) Resa Holt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Rural Benton Twp.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1947 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Feb 19 1947 to March 7 1947
that I last saw him alive on March 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death:
Periculous Anemia

Duration
3 to 4
years

Due to _____

Due to _____

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

Major findings:
Of operations 73A

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? _____

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

23. Signature W. R. Debra (M. D. or Pathologist)

Address Maryville, Mo. Date signed 3-9-47

MAY 1 1961

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *W. H. Crawford*.....

Licensed Embalmer No. *1824*.....

P. O. Address *Manassas 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.