S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8619

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 241

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: Burger Connelly Rest Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months (Specify whether

In this community 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")

(d) Street No. 215 W. Scott 6 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rose Doherty

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William Doherty

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

7. Birth date of deceased — (Month) — (Day) 1862 (Year)

8. AGE: Years 85 Months — Days — If less than one day hr. min.

9. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country) 11

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Pete Guikn 4
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Donley 4
15. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)

16. (a) Informant John Gellespie

(b) Address Springfield, Mo. 3/18/47

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof SXXXXXXXXXMo. (Month) (Day) (Year)

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

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-19-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1947 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from Feb 1, 1947 to March 15, 1947 that I last saw her alive on March 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

16 2 13

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) 0

While at work? (e) Means of injury

23. Signature Clyde B Abbott (M. D. or other)

Address 219½ E Walnut St Springfield, Mo Date signed 3/18/47

111 (Licensed Embalmer's Statement on Reverse Side)

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. Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.