

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12748

State File No. _____

FILED MAY 5 1947

Registration District No. 387

Primary Registration District No. 5207

Registrar's No. 5

1. PLACE OF DEATH
 (a) County Carroll
 (b) City or town Stokes, Missouri Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home of North Iowa
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carroll
 (c) City or town Hale, Missouri Rural
(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 _____

3. (a) PRINT FULL NAME John Reese Daugherty
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 12th
 year 1947 hour 10:00 minute _____ A. M.
 21. I hereby certify that I attended the deceased from Feb 28
1947 to March 12 1947
 that I last saw him alive on March 10 1947
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Rose B. Daugherty 6. (c) Age of husband or wife if alive 21 years
 7. Birth date of deceased April 21 1877
(Month) (Day) (Year)

Immediate cause of death
Cancer of Liver and gall bladder
 Due to _____

8. AGE: Years 75 Months 10 Days 21 If less than one day _____ min.
 9. Birthplace Carroll County, Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation farmer
 11. Industry or business _____
 MOTHER FATHER {
 12. Name John A. Daugherty
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Lock
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)
 16. (a) Informant Marion R. Daugherty
 (b) Address Bogard, Missouri
 17. (a) Burial (b) Date thereof 3-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Grader
 18. (a) Signature of funeral director Clifford W. Austin
 (b) Address Iowa, Missouri
 19. (a) 3-17-47 (b) Mrs. Rex Henderson
(Date received local registrar) (Registrar's signature)

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 Dr. Alvin A. Usher (M. D. or other) DO
 Address Hale, Mo Date signed 3-17-47

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

7

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-2-47

1947
MAY 10 1947

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 Clyford W Austin
Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.