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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21311-26  
State File No. 104  
Registrar's No. 104

FILED JUL 3 1947

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Rural Prairie Sup.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home, aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yr. 8 mo. 2 da  
(Specify whether  
In this community 2 yr  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kennett, Mo - 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 523 Main  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME JAMES T. DOUGHERTY  
(b) If veteran name war Unknown  
(c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 23  
year 1947 hour 11 minute 30 P.M.  
21. I hereby certify that I attended the deceased from  
June 1, 1947 to June 23, 1947  
that I last saw him alive on June 23, 1947  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced SO  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years  
7. Birth date of deceased 3-25-1879  
(Month) (Day) (Year)

Immediate cause of death artificial respiration  
Duration

8. AGE: Years 78 Months 2 Days 28  
If less than one day hr. min.

Due to  
Due to 92A  
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Unknown

11. Industry or business

MOTHER FATHER  
12. Name Unknown  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Jackson County Home, Records  
(b) Address R.R. #1 - Independence, Mo.

17. (a) Burial (b) Date thereof 6-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lee's Summit, Mo.

18. (a) Signature of funeral director N. C. Sangerford  
(b) Address Lee's Summit, Mo.

19. (a) JUNE 23, 1947 (b) Donald C. Edmister  
(Date received local registrar) (Registrar's signature) 278

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 J. V. Green (M. D. or other)  
Address Independence, Mo. Date signed 6/24/47

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

**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. B. Langford*  
.....  
Licensed Embalmer No. *3833*

P. O. Address *Lee's Summit*  
.....

**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.**