

S. No. 2  
12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 20 1947  
Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
2000  
Primary Registration District No. 2000

State File No. 27340  
Registrar's No. 694

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

1. PLACE OF DEATH: GREENS  
(a) County Springfield  
(b) City or town Springfield  
(c) Name of hospital or institution: Burge Hospital  
(d) Length of stay: In hospital or institution 6 days  
In this community 71 yrs.

3. (a) PRINT FULL NAME John Wesley Dooly  
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M.D 5. Color of race WHITE 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife William Dooly 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased March 14 1876

8. AGE: Years 71 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Green County Mo

10. Usual occupation farmer

11. Industry or business  
12. Name George W. Dooly  
13. Birthplace Missouri  
14. Maiden name Myra Akin  
15. Birthplace Missouri

16. (a) Informant James A. Brishears  
(b) Address 1953 Roosevelt

17. (a) BURIAL (b) Date thereof Aug 6/47  
(c) Place: burial or cremation LIBERTY Cemetery

18. (a) Signature of funeral director J. W. Kilgus Co.  
(b) Address Springfield, Mo.

19. (a) 8-5-47 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Green  
(c) City or town Springfield  
(d) Street No. Route 1st & Strafford  
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 2 year 1947 hour 91 minute 50 PM.  
21. I hereby certify that I attended the deceased from July 28 1947 to Aug 2 1947  
that I last saw him alive on 2 Aug 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis Acute  
Due to Chronic Cholecystitis & Jaundice  
Due to Chronic Myocarditis  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Chronic Cholecystitis - Cholecystectomy 1 Aug 47  
Of operations  
Of autopsy None

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Houston Hallenauer (M. D. or other) Springfield Mo Date signed 11 Aug 47

Duration 2 wks  
3 month  
PHYSICIAN Underline the cause to which death should be charged statistically.

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**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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

**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.**