No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 199

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27656

Registrar's No. 3544

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS 3 DY (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3511 E. 68th St. 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country — —

3. (a) PRINT FULL NAME EDGAR CARL DOUGHTY
3. (b) If veteran, name war — no
3. (c) Social Security No. 487-01-8383

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CORA LEE DOUGHTY
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased FEB. 2 - 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace WALDRON ARKANSAS
(City, town, or county) (State or foreign country)
10. Usual occupation BUS DRIVER
11. Industry or business K.C. PUBLIC SERVICE CO
FATHER
12. Name NEWTON S. DOUGHTY
13. Birthplace WALDRON ARKANSAS
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGARET L NEAL
15. Birthplace WALDRON ARKANSAS
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Cora Lee Doughty
(b) Address 3511 E. 68th St K.C. Mo
17. (a) BURIAL (b) Date thereof AUG 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd. K.C. Mo
19. (a) 8-18-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 16
year 1947 hour 1 minute 40A M.

21. I hereby certify that I attended the deceased from Pathologist, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Bronchopneumonia
Due to Acute Obstruction Hepatitis
Due to Carcinoma of Head of Pancreas
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 46 g
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address St Joseph Hospital Date signed 16 Aug 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6520 Indep. Ave.

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 D. J. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas 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.