S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28141

Registration District No. 157 Primary Registration District No. 5586 Registrar's No. 176

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper County Almshouse 5 (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")
(d) Street No. unknown 5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Herschell B. Dooley
3. (b) If veteran, name war ---- 3. (c) Social Security No. ----
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 24 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	5	13	hr. min.

9. Birthplace Adair County (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation retired newspaper dealer
11. Industry or business Joplin Globe Newspaper
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant County Farm Records 1
(b) Address Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 8-14-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1947 hour 9:12 minute p M.
21. I hereby certify that I attended the deceased from July 24, 1947, to Aug 7, 1947, that I last saw him alive on Aug 5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Coronary Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94B
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) 6
While at work? (e) Means of injury
23. Signature R. N. Webster (M. D. or other)
Address Carthage Mo Date signed Aug 8 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

42-8-669

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.