

No. 2  
8-43  
5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34116

FILED OCT 27 1947

State File No. \_\_\_\_\_

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Earnest Dougherty

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 491-03-6636

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16  
year 1947 hour 12 minute A M.

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

Immediate cause of death \_\_\_\_\_

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora I. Dougherty 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 15, 1888  
(Month) (Day) (Year)

Duration

Toxemia 12hr

Due to Acute Pulmonary T.B.C. 3 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

59 6 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

PHYSICIAN

Major findings: 13B  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Seymour, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

12. Name David Ellsworth Dougherty

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Dougherty

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 9-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature M.C. Gentry (M. D. or other) \_\_\_\_\_  
Address Ava Date signed 9-17-47

18. (a) Signature of funeral director Clinkingbeard Funeral H.

(b) Address Ava, Missouri

19. (a) Oct 2-47 (b) Uestal Bushman  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6;  
District File Number 1047-1094  
Date Filed OCT 23 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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Cora 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.