

No. 2
12-45
17-39
X47070

FILED DEC 12 1947

State File No. _____

Registration District No. 277

Primary Registration District No. 5988

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural Elm Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stahl, Mo. R. F. D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam 86
(c) City or town Unionville, Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. -- 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1947 hour 6:15 minute _____ M.
21. I hereby certify that I attended the deceased from April
13 to Nov. 6 1947
that I last saw her alive on Nov. 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

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

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature S. W. McDonald (M. D. or other) MD
Address Unionville, Mo Date signed 12-1-47

3. (a) PRINT FULL NAME Ida Bell Dooley
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Jasper Dooley
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased 12 13 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Spence
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Dugless
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Bryannet
(b) Address Unionville Mo.

17. (a) B. (b) Date thereof 11-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo
Husted & Son

18. (a) Signature of funeral director _____
(b) Address Unionville, Mo.

19. (a) 12-4-47 (b) Marvell Dugless
(Date received local registrar) (Registrar's signature) MD

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

RECEIVED

District Health Officer No. 1

District File Number 12-47-17

Date Filed DEC 1 0 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 *F. O. Husted*

Licensed Embalmer No. 2975

P. O. Address *Unionville 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.