

FILED DEC 26 1947

Registration District No. 77

Primary Registration District No. 5044

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Washburn
(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)

3. (a) PRINT FULL NAME Billy Gene Daughtery

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 Child
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb. 10 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 7 19 hr. min.

9. Birthplace Washburn Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name M. W. Daughtery

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

14. Maiden name Ester Silver

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

16. (a) Informant M. W. Daughtery

(b) Address Washburn, Missouri

17. (a) Burial (b) Date thereof 10-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Prairie C.

18. (a) Signature of funeral director Culvers Funeral Home

(b) Address Cassville Missouri

19. (a) Dec 9-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Washburn
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-29 day 29
year 1947 hour 6 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.....
Heart failure
(cardiac decompensation)

Duration

1 wk.

Due to.....
Mitral stenosis unk.

Due to.....
Acute rheumatic fever unk.

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 Grace Williams (M. D. or other)

Address Cassville, Mo Date signed.....

29 330877

RECEIVED
District Health Officer No. 6,
District File Number 1247-1283
Date Filed 12-23-47

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.....

Paul D. Henbest

Registered Apprentice No. 54

working under my personal supervision.

Signed *Margaret Culver*

Licensed Embalmer No. 4389

P. O. Address Cassville

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.