No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 24 1948

Registration District No. 298

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 17173

Registrar's No. 60

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 Days (Specify whether years, months or days)
In this community: 1½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Route One, Louisiana, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Benjamin Harrison Daugherty
3. (b) If veteran, name war: No
3. (c) Social Security No.: 327-12-6464
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edith Daugherty
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: July (Month) 26 (Day) 1889 (Year)

8. AGE: Years 58 | Months 9 | Days 12 | If less than one day: hr. min.

9. Birthplace: Kingston (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Farm Laborer
11. Industry or business: Farm

FATHER
12. Name: Jacob Daugherty
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Phoebe McDonald
15. Birthplace: Unknown (City, town, or country) (State or foreign country)

16. (a) Informant: Mrs. Florence Daugherty
(b) Address: Route 1, Louisiana, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Clayton, Illinois
18. (a) Signature of funeral director: Haley Mortuary
(b) Address: Louisiana, Missouri
19. (a) Bernice Collier 5-11-48 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 10 year: 48 hour: 9:00 minute: PM M.
21. I hereby certify that I attended the deceased from: Mar. 1948 to 5-10-48, 19..; that I last saw him alive on 5-10-48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chr. glomerulo nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: None	

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:
23. Signature: L R Johnson (M. D. or other) MD
Address: Louisiana, Mo. Date signed: 5-11-48

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

RECEIVED
District Health Officer No. 10
District File Number 2:48:912
Date Filed MAY 21 1948

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 George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.