DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25200

Registration District No. 354 Primary Registration District No. 6198 Registrar's No.

1. PLACE OF DEATH:

(a) County: Texas

(b) City or town: Rural Cass Twp (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): 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Texas 107

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Cass Twp (If rural, give location)

(e) Citizen of foreign country? (Yes or No): O

If yes, name country:

3. (a) PRINT FULL NAME: James Nicholas Doty

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: M 5. Color or race: W. 6. (a) Single, widowed, married, divorced: M.

6. (b) Name of husband or wife: Lilly 6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: May (Month) 6 (Day) 1870 (Year)

8. AGE: Years 78 Months 1 Days 4 If less than one day, hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: James Nicholas Doty

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

14. Maiden name: Cora Casewell

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

16. (a) Informant: C. L. Doty

(b) Address: Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year): June 13-48

(c) Place: burial or cremation: Cabool

18. (a) Signature of funeral director: Gaylord V. Elliott

(b) Address: Cabool Mo

19. (a) July 1, 48 (Date received local registrar) (b) Guyrell Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 9 hour 40 minute P. M.

21. I hereby certify that I attended the deceased from 1946, 19, to June 9, 1948, that I last saw him alive on June 9, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 72 hrs.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Carcinoma of Prostate — 3 yrs.

Major findings:

Of operations:

Of autopsy: 5/13

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? (Specify type of place)

While at work? (e) Means of injury: O

23. Signature: Garrett Thompson (M. D. or other)

Address: Cabool Mo. Date signed: June 11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-12-48
District Health Officer No. 5,
District File Number 74845-21
Date Filed 7-12-48

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 Gaylord V Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.