No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25838

FILED SEP 4 1948

Registration District No. 23

Primary Registration District No. 4156

Registrar's No. 68

1. PLACE OF DEATH:
(a) County: Dade
(b) City or town: South Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dade
(c) City or town: South Greenfield
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: PERRY DAUGHTREY
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie D. Daughtrey
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: May (Month) 30 (Day) 1884 (Year)

8. AGE: Years 64 | Months 2 | Days 15 | If less than one day: hr. min.

9. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farmer

FATHER
12. Name: Robert Daughtrey
13. Birthplace: Madison County (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name: Martha Oldham
15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. R. T. Adamson
(b) Address: Greenfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Daughtrey Cemetery
18. (a) Signature of funeral director: Sam E. Senseney Jr.
(b) Address: Greenfield, Mo.
19. (a) 8-20-48 (Date received local registrar) (b) Geo. L. Welch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1948 hour 8 minute P. M.

21. I ~~hereby~~ certify that I attended the deceased from ..... to ..... that I last saw h..... alive on ..... and that death occurred on the date and hour stated above.

Did not attend him.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 8 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: A. R. Caw M.D. (M.D. or other)
Address: Greenfield, Mo. Date signed: 8-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 848-963
Date Filed AUG 31 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 Sam E. Sensenney Jr.

Licensed Embalmer No. 4099

P. O. Address Springfield, 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.