

FILED DEC 27 1948

Registration District No. 42

Primary Registration District No. 1000

State File No.

Registrar's No. 1358

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital #2. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
 (Specify whether
 In this community 1 month
 years, months or days)

3. (a) PRINT FULL NAME Mary Belle Doolin

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 21 1921
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>27</u>	<u>1</u>	<u>28</u>hr.min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Claude Doolin
 13. Birthplace Osgood Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Ida Neff
 15. Birthplace Osgood Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address State Hospital #2.

17. (a) Removal (b) Date thereof Dec. 19, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osgood, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) Dec. 20, 1948 (b) E. C. Jenkins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
 (c) City or town Osgood
 (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 12 day 19
 year 1948 hour 5 minute 05 P.M.

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

Immediate cause of death Cholera pneumonia
septic mening Duration 3 days

Due to
 Due to

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 100
 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) No
 (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 E. C. Jenkins (M. D. optional) 0
 Address State Hospital #2, St. Joseph, Mo. Date signed 12/19/48

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

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..... *Raymond W. Merche*.....

Licensed Embalmer No..... 4413 Missouri

P. O. Address..... St. Joseph, 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.