

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39527**

FILED JAN 4 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **411**

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO.</b> b. COUNTY <b>CAPE GIRARDEAU</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>	
c. LENGTH OF STAY (In this place) <b>6 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>243 No. FOUNTAIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SO. E. MO. HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>	b. (Middle)	c. (Last) <b>DOUGHTY.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-29-1948</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>4-6-1875</b>	9. AGE (In years last birthday) <b>73</b>	10. MONTHS <b>8</b>	11. DAYS <b>23</b>	12. UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED ENGINEER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO. R.R.</b>	11. BIRTHPLACE (State or foreign country) <b>LITCHFIELD ILL</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>HERBERT DOUGHTY</b>	13b. MOTHER'S MAIDEN NAME <b>ANNE REYNOLDS.</b>	14. NAME OF HUSBAND OR WIFE <b>LOUISE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WM. H. DOUGHTY.</b>	ADDRESS <b>Cape Gir.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  <b>13110</b>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic glomerulonephritis with</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs +</b>
	ANTECEDENT CAUSES <b>Terminal uremia</b>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis generalized</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 15, 1948** to **Dec 29, 1948**, that I last saw the deceased alive on **Dec 29, 1948**, and that death occurred at **7:10 AM** on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John C. Crow</b>	23b. ADDRESS <b>Cape Girardeau Mo</b>	23c. DATE SIGNED <b>12/30/48</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>EMERALD</b>	24b. DATE <b>Jan. 1-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FAIRMOUNT</b>	24d. LOCATION (City, town, or county) (State) <b>CAPE GIRARDEAU, MO.</b>
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DATE REC'D BY LOCAL REG. <b>12-30-48</b>	REGISTRAR'S SIGNATURE <b>C. G. Summers</b>	44	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walthers Funeral Home</b>	ADDRESS <b>Cape Gir.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

76  
4

MO

RECEIVED

District Health Officer No. 4

District File Number 149-9

Date Filed 1-3-49

FEB 10 1949

JAN 7 1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Virgil K. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.