

FILED MAY 13 1946

Registration District No. 137

Primary Registration District No. 5507

Registrar's No. 88

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town LADUE TWP.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 16-YRS.
years, months or days)

3. (a) PRINT FULL NAME GLEN A. DOAN

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

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

6. (b) Name of husband or wife ENNE DOAN 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased AUG. 26 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 1 If less than one day hr. min.

9. Birthplace DAGUE OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business

MOTHER FATHER { 12. Name FRANCIS M. DOAN
13. Birthplace Ohio
14. Maiden name ROSA CLINE
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glen A. Doan
(b) Address Ladue Mo.

17. (a) Burial (b) Date thereof 4-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD

18. (a) Signature of funeral director W. C. Cavanaugh

(b) Address Clinton Mo.

19. (a) 4-29-1946 (b) R. B. Remy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Ladue
(If outside city or town limits, write "RURAL")
(d) Street No. DAVIS TWP.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1946 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____

that I last saw _____ give or receive _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Deceased was found dead in his yard. Apparently been dead about two hours.

Due to Death was apparently due to a heart attack made of a coronary occlusion

Other conditions _____
(Include pregnancy within months of death)

Major findings:
Of operations _____
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) _____
(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?

Wife at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. B. Remy (M.D. or other)
Address Clinton Mo. Date signed 4/29/46

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

561 8 700

RECEIVED
District Registrar Office No. 7,
District File Number 4-46-424
Date Filed 5-10-40

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, _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. J. Vassant
Licensed Embalmer No. 3779
P. O. Address Clinton,

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.