

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **28301**

Registration District No. **194**

Primary Registration District No. **5711**

Registrar's No. **6**

**1. PLACE OF DEATH:**

(a) County **McDonald**  
(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Stella, Rt. #2 Elkhorn Township**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community **55 Years**  
(Specify whether years, months or days)

**3. (a) PRINT JOSIAH EDWARD DAUGHERTY  
FULL NAME**

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

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Nancy Daugherty**  
6. (c) Age of husband or wife if alive **76** years  
7. Birth date of deceased **September 25 1869**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **1**  
If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

**11. Industry or business**

12. Name **Josiah Edward Daugherty**  
13. Birthplace **Unknown Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary E. Brock**  
15. Birthplace **Washburn Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jack S. Tappan**  
(b) Address **Stella, Missouri**  
17. (a) **Burial** (b) Date thereof **July 28, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Owaley Cemetary**

18. (a) Signature of funeral director **John B. Radtke**  
(b) Address **Goodman, Missouri**  
19. (a) **Aug 20, 1947** (b) **O. E. Plummer**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **McDonald**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Stella, Rt. #2**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **26**  
year **1947** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **11-30**, 19**46** to **7-26**, 19**47**  
that I last saw him alive on **7-24**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis + Chronic nephritis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury  
Signature **C. Caldwell** (M. D. or other)  
Address **Stella, Mo** Date signed **8-10-47**

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

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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.....

*John B. Padineau*

Licensed Embalmer No. 4446

P. O. Address Goodman, Missouri

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.