

No. 2
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 13 1947

Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37889

Registrar's No. 251

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 330 N. Water St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 230 N. Water 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country — 1)

3. (a) PRINT FULL NAME BELLA H. VIDA DAUGHERTY

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Richard
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Feb 6 1915
(Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 25
If less than one day hr. min.

9. Birthplace Clinton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name George M. Julian

13. Birthplace Pettis Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna Lee Hallie

15. Birthplace Henry Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Lee Julian

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 11-30-47 (b) R. H. Kenney
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 47 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-23 1947 to 11-29 1947
that I last saw her alive on 11-28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

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?.....
(Specify type of place)
While at work..... (e) Means of injury.....

23. Signature D. C. Peeler M.D. (M.D. or other).....

Address Clinton Mo Date signed 12/1/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECORDED
District Health Officer No. 7,
District File Number 11-47-1417
Date Filed 12-11-42

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.....

Fredrick E. Wilkinson Jr......, Registered Apprentice No. *434*
working under my personal supervision.

Signed *F. E. Wilkinson Jr.*.....

Licensed Embalmer No. *4376*.....

P. O. Address *Clinton 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.