N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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8
0

DEC'D OCT 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32185
Do not use this space.

1. PLACE OF DEATH

(a) County Clay — Registration District No. 2033
(b) Township ~~Platte~~ — Primary Registration District No. 4122 — Registered No. 28
(c) City Smithville, Mo. — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Theresa A. Dougherty

(a) Residence, No. Smithville, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles M. Dougherty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 29, 1864

7. AGE: YEARS 75 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte County, Mo.

FATHER
13. NAME: W. H. McClary — 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown — 9

MOTHER
15. MAIDEN NAME: Martha Kinder — 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): E. H. McClary, Smithville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F. Cemetery DATE Sept. 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. F. Rollins, Platte City, Missouri

20. FILED 9/6/ 1939 — E. C. Hill, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-4-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1939, to Sep. 4, 1939
I last saw her alive on 9/4/39, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Dilitation of Lart — Date of onset: 3
95 b

Other contributory causes of importance: Ascites, Pulmonary congestion

Name of operation: none — Date of .....
What test confirmed diagnosis? Symptoms — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ — Date of injury ✓, 19....
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) E. C. Hill, M. D.
184 (Address) Smithville Mo

(Licensed Embalmer's Statement on Reverse Side)

...IVED
...t Health Officer No. 8,
File Number 10/4/39
...led

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, E. Benjamin Cast, or by

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

Signed E. Benjamin Cast

Licensed Embalmer No. 4059

P. O. Address Platte City, M...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com... with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.