

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

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 1 1940

Registration District No. 329

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5455

State File No.

14978

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy : 30
(b) City or town Laredo Rural, Wilson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) ?
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 450

3. (a) PRINT FULL NAME JAMES MCAFEE DOOLIN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 2 23 1957
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 22 If less than one day _____ hr. _____ min. 0

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

10. Usual occupation Ret Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Hiram Doolin

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Mary Frances Cooper (City, town, or county) (State or foreign country)

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. E. Doolin

(b) Address Laredo Mo

17. (a) Burial (b) Date thereof 3 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Cem.

18. (a) Signature of funeral director E. J. Robertson

(b) Address Laredo Mo

19. (a) March 29 1940 (b) Mrs. Mabel Warren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Laredo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Wilson Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 11, 1940 to March 14, 1940 that I last saw him alive on March 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Lobar Pneumonia

Due to _____

Other conditions: 10
(Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy None

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? _____

958 (Specify type of place) _____

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature Ray J. Ray (M. D. or other) _____

Address Laredo Mo Date signed 3/29/40

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, or by.....

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

Signed *C. J. Robertson*.....

Licensed Embalmer No. *2468*.....

P. O. Address *Fairfax, Va.*.....

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, above space should be left blank.