

FILED SEP 16 1940

Registration District No. 4-10

Primary Registration District No. 5566

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural Preston Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 mi west of Jasper Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural # 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi West of Jasper Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th
year 1940 hour 1 minute 20-0 A.M.

21. I hereby certify that I attended the deceased from saw the
child only after death, 1940;
that I last saw him alive on ✓, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Bloc

Due to Chronic, undeveloped
Heart
Due to Congenital Heart
trouble

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 157
Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 855
(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 1

23. Signature W.H. Knott M.D. (M. D. or other) 1
Address Jasper, Mo. Date signed 8-5-40

8. (a) PRINT FULL NAME Roy William Doyle
8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Mar. 26 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 4 9 hr. ✓ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER
12. Name Roy Doyle
13. Birthplace Barton Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lorene Helms
15. Birthplace Pittsburg Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Doyle
(b) Address Jasper Mo RR 2

17. (a) Rural (b) Date thereof Aug 6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Milbody Cem.

18. (a) Signature of funeral director Chas J. Hester
(b) Address Jasper Mo

19. (a) Aug 6 1940 (b) Clara E. Cairns
(Date received local registrar) (Registrar's signature)

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

40-9-349

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.....

Chas. J. Tetter....., Registered Apprentice No.....

working under my personal supervision.

Signed *Chas. J. Tetter*.....

Licensed Embalmer No. *2566*

P. O. Address *Jasper 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, above space should be left blank.