DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39359

Registration District No. 609 | Primary Registration District No. 4363 | Registrar's No. 141

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.

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: NEOSHO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1124 W. Spring St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 50 YEARS (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Neosho (If outside city or town limits, write "RURAL")
(d) Street No.: 111 1/2 W. Spring St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years: 0

3. (a) PRINT FULL NAME: COLONEL STEVENS DAUGHERTY
3. (b) If veteran, name war: NONE
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: MYRTLE DAUGHERTY
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: JANUARY (Month) 2 (Day) 1870 (Year)

8. AGE: Years 70 | Months 10 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: WASHBURN (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business: FARMER

MOTHER FATHER
12. Name: ISSAC DAUGHERTY
13. Birthplace: UNKNOWN (City, town, or county) TENN. (State or foreign country)
14. Maiden name: ANN EVERSON
15. Birthplace: UNKNOWN (City, town, or county) MARYLAND (State or foreign country)

16. (a) Informant's own signature: Myrtle Daugherty
(b) Address: 111 1/2 W. SPRING NEOSHO MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11-28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: HAZEL GREEN CEMETERY
18. (a) Signature of funeral director: Carley Thompson
(b) Address: Neosho Mo.
19. (a) 12-7-40 (Date received local registrar) (b) Oval A. Salisbury (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Nov. year 1940 hour 12 minute NOON

21. I hereby certify that I attended the deceased from April 1938, 19__, to Nov 26, 1940, that I last saw him alive on Nov 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis — Duration
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 47 W
Major findings: Of operations: none
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: L. R. Reynolds (M. D. or other) MD
Address: Neosho Date signed: 12-6-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1240-3009
Date Filed DEC 13 1940

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 Gail K Gray

Licensed Embalmer No. 4155

P. O. Address Neosho, Mo

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

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