

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42017

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 342

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 days
In this community 52 days (Specify whether years, months or days) 3

3. (a) PRINT FULL NAME William K. Dougherty
3. (b) If veteran, name war Not to our knowledge 3. (c) Social Security No. As second party

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mollie Anne Dougherty 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased September 11 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 6 hr. min.

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

10. Usual occupation Farmer

11. Industry or business None

MOTHER { 12. Name George W. Dougherty
13. Birthplace Kentucky
14. Maiden name Bermelia Masley
15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address State Hospital, Fulton Mo.

17. (a) Removal (b) Date thereof Dec 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jayette Cemetery

18. (a) Signature of funeral director Jayette
(b) Address Jayette Mo.

19. (a) Dec 17 1940 (b) A. D. Creed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Jayette, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1940 hour about 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him immediately before December 17th, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes
Apparently a sudden heart
Due to attack.

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations _____
Of autopsy _____

Duration
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? 100

23. Signature A. W. Hoffman, Coroner
Address 8-E-8th St. Fulton Mo. (Specify type of place) (a) Means of injury 5
Date signed 12-17-40
(M.D. or other)

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

Ralph A. Carr

Licensed Embalmer No.

3340

P. O. Address

Fayette 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.