

MAILED MAY 15 1941 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14990  
Do not use this space.

1. PLACE OF DEATH  
(a) County Lafayette Registration District No. 468  
(b) Township Clay Primary Registration District No. 4279  
(c) City Wellington or (d) Street No. 1  
(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.

2. PRINT FULL NAME Samuel Daugherty  
(a) Residence, No. Wellington 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 Male 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1863

7. AGE YEARS 77 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coral Miner  
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) 1943 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams County Ill. /

FATHER 13. NAME John Daugherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irland /

MOTHER 15. MAIDEN NAME Caroline Newcome

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown /

17. INFORMANT (ADDRESS) George Deeryburg Wellington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Arnold Cemetary DATE 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Roy Even 415 Wellington, Mo.

20. FILED April 14, 1941 F. W. Mann Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1941, to April 13, 1941  
I last saw him alive on April 12, 1941. Death is said to have occurred on the date stated above, at 12:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.  
with paralysis to the respiratory organs.

Other contributory causes of importance:

Hypertension  
arteriosclerosis.

Name of operation Autopsy Date of April 13, 1941

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. J. Belknap M.D.

(Address) Wellington Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 4-19-38 I X16605

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-13-41

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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 *W. R. Ewen*.....

Licensed Embalmer No. 3070.....

P. O. Address Wellington, 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.