

FILED MAY 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16121

State File No.

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Finney Twp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Texas

(c) City or town 107
Rural, Near Bucyrus Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country -----America--

3. (a) PRINT FULL NAME Phillis Marie Daugherty

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1941 hour 7 minute 30 A. M.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 9th, 1941.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 9, 1941 to April 18, 1941
that I last saw her alive on April 18, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 9
If less than one day _____ hr. _____ min.

Immediate cause of death Stomach full the bite bite of an insect

Due to _____

Duration 4 Days

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

Due to 194-4

Other conditions (Include pregnancy within 3 months of death) 19

10. Usual occupation _____

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Hermel H. Daugherty

13. Birthplace Texas County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lola Ginter

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

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 107

(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? _____

16. (a) Informant Hermel H. Daugherty

(b) Address Bucyrus Mo.

17. (a) Bucyrus Mo. (b) Date thereof April 19th,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dukes Mo.

(Specify type of place) _____

(e) Means of injury _____

23. Signature Henry R. Prosy (M.D. or other) 220

Address Houston, Mo. Date signed 4-18-41

18. (a) Signature of funeral director G. J. Elliott

(b) Address Houston Mo.

19. (a) 4/19/41 (b) Mabel Shacklett
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number. 541652

Date Filled in

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.....

Licensed Embalmer No.....

P. O. Address.....

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.