

FILED JUL 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22507**
Registrar's No. **134**

Registration District No. **735**

Primary Registration District No. **3034**

8
366

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 538 W. Logan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town 538 W. Logan **6**
(If outside city or town limits, write "RURAL")

(d) Street No. Moberly **3**
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MABEL RUTH DAUGHERTY

8. (b) If veteran, name war. None

8. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1941 hour 7 minute 20 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife L. L. Daugherty

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May - 10 - 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27, 1941, to June 12, 1941;
that I last saw her alive on June 11 - 41, 1941
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>1</u>	<u>2</u>	hr. min.

Immediate cause of death Pulmonary embolus **few hrs**
peritonitis, acute suppurative **May 27**

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

Due to peritonitis, acute suppurative
Due to peritonitis, acute suppurative

10. Usual occupation House Wife

Other conditions III W
(Include pregnancy within 3 months of death)

MOTHER

11. Industry or business

12. Name Sam Saunders

13. Birthplace Whales
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Piper

15. Birthplace Macou Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: III W

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant L. L. Daugherty

(b) Address 538 W. Logan St. Moberly Mo

17. (a) Removal (b) Date thereof June - 12 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Madigan Jay

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? 925
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Snout Funeral Home

(b) Address Moberly Mo.

19. (a) June 12 - 41 (b) Edith Kullhaus
(Date received local registrar) (Registrar's signature)

23. Signature R. E. Hubel (M. D. or other) **6**
Address Moberly Mo Date signed 6/14

RECEIVED

District Health Officer No. 10

District File Number 7-41-1274

Date Filed JUL 16 1941

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly, 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.