

S. No. 2  
11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36023**

Registration District No. **780**

Primary Registration District No. **104**

Registrar's No. **2089**

46  
6  
2

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

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Ferguson**  
(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 **Lifed**  
years, months or days)

**3. (a) PRINT FULL NAME** **Bertha G. Daugherty**  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
 name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** **female** **5. Color or race** **white** **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** **Sept.** **20** **1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	0	22	hr. _____ min. _____

**9. Birthplace** **Missouri** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housekeeping**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **James L. Daugherty**  
**13. Birthplace** **Tennessee** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Sue Ann Trimble**  
**15. Birthplace** **Tennessee** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. W. P. Davies**  
**(b) Address** **115 Powell Ave. Ferguson, Mo**

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** **Oct. 14, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Washington, Missouri**

**18. (a) Signature of funeral director** **White General Home**  
**(b) Address** **118 N. Florissant Rd. Ferguson**

**19. (a) OCT 12 1941** **(b) C. J. McElverson**  
(Date received local registration) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Ferguson**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **115 Powell Ave.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? **0** years

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **October** day **12**  
 year **1941** hour **2** minute **05** A. M.

**21. I hereby certify that I attended the deceased from** **8-19-1941** to **10-12-1941**  
 that I last saw him alive on **10-12-1941**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** **Chf Bronchitis** **1935**

**Due to** **Chf Hypertension** **1933**

**Due to** **Bronchopneumonia** **10-1-41**  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_  
**Of autopsy** **131K**  
**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?** \_\_\_\_\_

**While at work** \_\_\_\_\_ **(c) Means of injury** \_\_\_\_\_  
(Specify type of place)

**23. Signature** **Ray Johnson** **(M. D. or other)** **D**  
**Address** **Ferguson Mo** **Date signed** **10-13-41**

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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.....

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, above space should be left blank.**