

FILED FEB 19 1942

Registration District No. 318

Primary Registration District No. 5440

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MEDICAL CENTER FOR FEDERAL PRISONERS 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year & 14 Days.
(Specify whether years, months or days)
In this community 1 Year & 14 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Rice
(c) City or town Fairbault
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DOYLE, Patrick Henry 2763-H

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Divorced years

7. Birth date of deceased April 22nd, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Saginaw, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Doyle

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

14. Maiden name Alice Deverick

15. Birthplace Unknown Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Deceased

(b) Address Med. Center for Fed. Prisoners

17. (a) Burial (b) Date thereof Jan 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director them

(b) Address Springfield Mo

19. (a) L-17-42 (b) E. A. Carberry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th.
year 1942 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from January 2nd, 1941 to January 16th, 1942
that I last saw him alive on January 16th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, unspecified (Terminal) Duration Prior to admission.

Due to Cardio-vascular disease, Cardio-renal disease with hypertension.

Due to _____

Other conditions 137a
(Include pregnancy within 3 months of death)

Major findings: Transurethral prostatectomy 12-19-41, followed by hemorrhage. Hypertrophy of prostate.

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 _____ (Specify type of place) (e) Means of injury _____

23. Signature E. A. Carberry (M. D. or other) 0

Address E. A. Carberry, Surgeon Date signed _____

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

MOTHER FATHER

984

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. Williams

Licensed Embalmer No.

3681

P. O. Address

Spfd., 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.