DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1942

Registration District No. 8892

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8138

Primary Registration District No. 6185

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County: WASHINGTON

(b) City or town: Richwoods Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: BORN HERE (Specify whether years, months or days) 62 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: WASHINGTON

(c) City or town: Richwoods (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: DENNIS WILLIAM DOYEN

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: MALE

5. Color or race: White

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

6. (b) Name of husband or wife: MARGARET FLORENCE CORDIA

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: Nov. (Month) 22 (Day) 1879 (Year)

8. AGE: Years 62 | Months 1 | Days 11 | If less than one day ____ hr. 30 min.

9. Birthplace: Richwoods (City, town, or county) MO (State or foreign country)

10. Usual occupation: POSTMASTER

11. Industry or business: ____

FATHER
12. Name: JOHN DOYEN
13. Birthplace: WASHINGTON (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name: ELLEN KAVANAUGH
15. Birthplace: WASHINGTON CO. (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature: MARGARET DOYEN
(b) Address: Richwoods, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Richwoods Mo

18. (a) Signature of funeral director: Boyer & Casey
(b) Address: Richwoods, Mo.

19. (a) 1-4-42 (Date received local registrar) (b) L. B. Larson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3 year 1942 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from 12-23 to 1-3, 1942, to 1-3, 1942, that I last saw him alive on 1-3, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Due to: Abscess on Left Lobe of Left Lung	
Due to: old Knife	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: None

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: O. W. Parker (M. D. ~~or other~~)
Address: Richwoods Mo. Date signed 1-4-42

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Health Officer No. 4
District File Number 242-220
Date Filed 2-12-42

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 K. M. Lenot

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

. No. 2B
—8-21-41
PI X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8138

Registration District No. 889 Primary Registration District No. 6185 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Washington
(b) City or town: Richwoods
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Dennis W. Doyen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov (Month) 22 (Day) 18 (Year)
8. AGE: Years 62 Months 1 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 8 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Bronchial	
Due to: Abscess on base Lobe of left lung	
Due to: old hurt	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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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)
(b) 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: O H Parker (M. D. or other)
Address: Richwoods Date signed