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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21239

Registration District No. 384 Primary Registration District No. 4227 Registrar's No.

1. PLACE OF DEATH:

(a) County HOWELL

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

(c) Name of hospital or institution:
529 Grace Ave
(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 30 years.

2. USUAL RESIDENCE OF DECEASED: 46 1 1

(a) State MISSOURI (b) County HOWELL

(c) City or town WEST PLAINS
(If outside city or town limits, write "RURAL")

(d) Street No. 529 Grace Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROSETTA MARGARET DAUGHERTY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK J. DAUGHERTY

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

7. Birth date of deceased SEPT. (Month) 3, (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
60	3	8	hr. min.

9. Birthplace VICHY, (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name DAVID OAKS
13. Birthplace (City, town, or county) NEW JERSEY (State or foreign country)

MOTHER
14. Maiden name SARAH MARGARET HART
15. Birthplace (City, town, or county) ILL (State or foreign country)

16. (a) Informant F. J. DAUGHERTY
(b) Address WEST PLAINS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. (Month) 14 (Day) 1941 (Year)
(c) Place: burial or cremation OAK LAWN CEM. WEST PLAINS, MO.

18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, MO.

19. (a) 12-14-41 (Date received local registrar) (b) Vida W. Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 11, year 1941 hour 6: minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-20- 1939 to 12-11- 1941; that I last saw her alive on 12-11- 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of breast

Due to

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of left breast
Of autopsy

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 C. C. Cohen (M. D. or other) MD
Address West Plains, Mo Date signed 12-16-41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 442324
Date Filed 7-20-42

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 Hal Thoroughman

Licensed Embalmer No. 3408

P. O. Address West Plains 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.