

FILED SEP 9 1942
Registration District No. 280

Primary Registration District No. 5962

Registrar's No. 9

83000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County PLATTE

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

(c) Name of hospital or institution: R.F.D. NO. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 69 YEARS years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PLATTE

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

(d) Street No. R.F.D. NO. 1 (If rural, give location)

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

3. (a) PRINT FULLNAME FRANK DOUGHERTY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 29TH year 1942 hour 1:35 minute _____ P.M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LAURA JORDAN DOUGHERTY

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

7. Birth date of deceased FEB. 14 - 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 22 to July 29, 1942 that I last saw him alive on July 29 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 5 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death acute dilatation of heart

Due to Coronary Occlusion

Due to General arteriosclerosis

9. Birthplace PLATTE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Other conditions Senility
(Include pregnancy within 3 months of death)

Due to _____

10. Usual occupation FARMER

Major findings: Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name FRANK DOUGHERTY

13. Birthplace PLATTE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ANNA PEMBERTON

15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claude Meyers

(b) Address ATCHISON, KANSAS

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? _____

17. (a) BURIAL (b) Date thereof AUG. 1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL - ATCHISON, KAN.

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Wm. Stanton

(b) Address ATCHISON, Kansas

19. (a) 8-2-42 (b) Mrs. Claude Meyers
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Wayne O. Wallace (M. D. or other) M.D.

Address 500 1/2 Commercial Date signed 7-31-42

RECEIVED

District Health Officer No. Platte
District File Number 9-42-67
Date Filed 9-2-47

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..... Wm. S. Stanton, Jr.

Licensed Embalmer No. 1819

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, fact should be so stated above.