

S. No. 2
M-1-4-41
v. 5-17-39
X26390

36888

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1942

Registration District No. _____

Primary Registration District No. 4126

Registrar's No. 50

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

1. PLACE OF DEATH:
 (a) County Clark
 (b) City or town Luray rural
(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 _____
 In this community 2 Mo. years, months or days (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Mary Elizabeth Doyle
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 3 year 1942 hour 5 A M minute _____ M.
 21. I hereby certify that I attended the deceased from Oct 29 1941 to Nov 3 1942

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 7. (b) Name of husband or wife Michael Doyle 6. (c) Age of husband or wife if alive _____ years
 Birth date of deceased Aug. 23-1845
(Month) (Day) (Year)

that I last saw h. in alive on _____ 19____ and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic Myocarditis Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>2</u>	<u>10</u>	_____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 93d

9. Birthplace _____
(City, town or county) (State or foreign country)
 10. Usual occupation Housekeeping
 11. Industry or business _____
 12. Name John Caultas
 13. Birthplace England
(City, town or county) (State or foreign country)
 14. Maiden name Mary Elizabeth Osterberg
 15. Birthplace England
(City, town or county) (State or foreign country)
 16. (a) Informant Mrs. Clarence Weller
 (b) Address Luray Mo.
 17. (a) Burial (b) Date thereof Nov. 8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Nakaha Ce.
 18. (a) Signature of funeral director L. E. Lowe
 (b) Address Luray Mo.
 19. (a) 11-14-42 (b) Perry S. Barton
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 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? _____
 While at work? _____
(Specify type of place) (e) Means of injury _____
 23. Signature L. E. Lowe (M.D. or other) Do
 Address Luray Mo. Date signed 11/12/42

RECEIVED

District Health Officer No. 10

District File Number 12-42-4039

Date Filed file -10-1942

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..... *Otis P. Tuttle*

Licensed Embalmer No. 2965-.....

P. O. Address..... *Lurey 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.