

FILED JAN - 7 1943

Registration District No. 1043

Primary Registration District No. 4185

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town St. Clair mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County FRANKLIN
(c) City or town ST. CLAIR
(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

C. LYIN Doty

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1
year 1943 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 1 1943
that I last saw him alive on Jan 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Passing from cerebral artery
Due to.....
Due to.....

Duration

24
hr

Other conditions: 179X
(Include pregnancy within 3 months of death)

Major findings: 179B
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) accident
(b) Date of occurrence Jan. 30 - 1943
(c) Where did injury occur? Dr. Erwin Mo
(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 0

23. Signature W. H. Durkin (M. D. or other)
Address Dr. Erwin Mo Date signed 1/27/43

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John Warren Doty
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 15 1848
(Month) (Day) (Year)

8. AGE: Years 94 Months 5 Days 16
If less than one day hr. min.

9. Birthplace Reading Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired decorator

11. Industry or business

12. Name John Warren Doty

13. Birthplace Reading Penn
(City, town, or county) (State or foreign country)

14. Maiden name Betha Headucks

15. Birthplace Reading Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Peterson

(b) Address St. Clair mo

17. (a) burial (b) Date thereof 1-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anaconda Cem.

18. (a) Signature of funeral director Cosery Leroy

(b) Address St. Clair mo

19. (a) 1/2/1943 (b) W. J. King
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

36
036

1120

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: *Geo. L. Heber*
Licensed Embalmer No. *3008*
P. O. Address *Pacific, 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.