

FILED JAN 15 1943

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Webb City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Jane Church D  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Avrah P. Doty  
 (b) If veteran, name war no data  
 (c) Social Security No. no data

4. Sex M  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife \_\_\_\_\_  
 (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)  
 7. Birth date of deceased May 13 1873  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Hyattsville Ky  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 12. Name Joseph Doty  
 13. Birthplace no data Ky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Tullent  
 15. Birthplace no data Ky  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. Maurice Douglas  
 (b) Address Webb City Mo  
 17. (a) Burial (b) Date thereof 12/24/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Memorial  
 18. (a) Signature of funeral director Wedge Nelson  
 (b) Address Webb City Mo  
 19. (a) Jan 2 1943 (b) Mrs. Lillie Lyle  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Galatburg  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.R. (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31  
 year 1942 hour 5:10 minute P. M.  
 21. I hereby certify that I attended the deceased from Dec 2  
 1942 to Dec 24 1942  
 that I last saw him alive on Dec 24 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
 Due to 108  
 Due to Lobar pneumonia  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Dr. Geo. Sams (M. D. or other)  
 Address Webb City Mo Date signed Jan 2 1943

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

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.

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**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..... *E. M. Hedge*.....  
Licensed Embalmer No. *28519*.....  
P. O. Address *West Plains*.....

**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, above space should be left blank.**