

14018

S. No. 2
M-9-4-41
5-17-41
PI X 10

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 29 1943 68
Registration District No. 28

Primary Registration District No. 4119

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark
(If outside the 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)

In this community: 28 yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Bedford Daugherty

3. (b) If veteran, name war: ✓

3. (c) Social Security No. none

4. Sex male 5. Color or race w.

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

6. (b) Name of husband or wife: Lenna Daugherty

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Dec. 12 - 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 2 22 hr. min.

9. Birthplace: Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation: merchant

11. Industry or business: _____

MOTHER FATHER

12. Name: Francis Daugherty

13. Birthplace: Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Flora Jessup

15. Birthplace: Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Dora M. Daniel

(b) Address: Rogersville, Mo. R-2

17. (a) Burial (b) Date thereof: 3-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood cem.

18. (a) Signature of funeral director: J.W. Maples

(b) Address: Clues, Mo.

19. (a) Mar 16, 1943 (b) Miss Nabba Stone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town: Ozark
(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: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6th
year 1943 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from: December 28, 1942 to March 6, 1943

that I last saw him alive on: March 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction

Due to: Edema of lungs -

Due to: Chronic nephritis

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

Major findings: 1216

Of operations: _____

Of autopsy: _____

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)

Means of injury: _____

23. Signature: Richard H. Pittman (M.D. or other) RD

Address: Ozark, Missouri Date signed: 3/13/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

File Number 443-487

Date Filed 4/22/43

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 J.W. Maples
Licensed Embalmer No. 2985
P. O. Address Glenn 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.