

FILED MAY 6 1943

Primary Registration District No. 30921

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(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 _____ (Specify whether _____)

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

2. USUAL RESIDENCE OF DECEASED: 62

(a) State Missouri (b) County Madison

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

(d) Street No. 712 High (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Larry Lindell Daugherty

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Infant

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

7. Birth date of deceased January 19 1944
(Month) (Day) (Year)

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

1	2	15	hr. _____ min. _____
---	---	----	----------------------

9. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name J. Herbert Daugherty

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

14. Maiden name Vivian Gaskins

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

16. (a) Informant Herbert Daugherty

(b) Address Fredericktown, Missouri

17. (a) Removal (b) Date thereof 4-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Missouri

18. (a) Signature of funeral director Stanley A. Dixon

(b) Address Fredericktown, Mo.

19. (a) April 6 1943 (b) S. C. S. Daugherty
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1943 hour 3:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 23, 1943, to April 4, 1943
that I last saw him alive on April 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza with Bronchopneumonia

Due to _____

Due to _____

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

Major findings: 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 fall

23. Signature E. W. DeLuene (M. D. or other) MD

Address Fredericktown, Mo. Date signed 4-5-43

Duration

13 days

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

FILED

District Health Officer No. 4
District File Number 543-2110
Date Filed 5-5-43

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 Stanley H. Dixon
Licensed Embalmer No. 4193
P. O. Address Fredericktown, 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.