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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3030

FILED FEB 7 1944

State File No. ....

Registration District No. 13

Primary Registration District No. 5-2-28

Registrar's No. 1

1. PLACE OF DEATH:

(a) County HICKORY

(b) City or town WHEATLAND (RURAL)

(c) Name of hospital or institution: Woodchuck Inn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community ALL OF LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HICKORY

(c) City or town WHEATLAND (RURAL)  
(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 JESSE GLENN DOYAL

3. (b) If veteran, name war NO

3. (c) Social Security No. 500-14-233

4. Sex M

5. Color or Race W

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

6. (b) Name of husband or wife ZELMA DOYAL

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased APRIL 2 - 1910  
(Month) (Day) (Year)

|         |       |        |      |                      |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
|         | 33    | 9      | 4    | _____ hr. _____ min. |

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

10. Usual occupation MECHANIC Farm Emp

11. Industry or business \_\_\_\_\_

12. Name LEWIS DOYAL

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

14. Maiden name LUCY BEABER

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

16. (a) Informant ZELMA DOYAL

(b) Address WHEATLAND (RURAL), Mo.

17. (a) BURIAL (b) Date thereof 1-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KINGS FRABIE

18. (a) Signature of funeral director GILBERT ATHAWAY

(b) Address WHEATLAND, MISSOURI

19. (a) Jan 29-44 (b) Mary Carlshaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 6  
year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to I saw the patient after he died.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94 a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 2

23. Signature Carl D. Bailey (M. D. or other) \_\_\_\_\_  
Address Hermitage Mo Date signed Jan 2 1944

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

MOTHER FATHER

1094 (Licensed Embalmer's Statement on Reverse Side)

OCT 15 1947

Health Officer No. 7d  
Office File Number 1-44-24  
Date Filed 2-2-44

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 *Charles Gilbert Hathaway*  
Licensed Embalmer No. 4267  
P. O. Address *Whittend, Md*

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.