

FILED APR 7 1944

Registration District No. 176

Primary Registration District No. 3020

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: International Shoe Co. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yes (Specify whether) _____
In this community life - 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 417 Cedar St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALTER B. DAUGHERTY

3. (b) If veteran, name war None 3. (c) Social Security No. 493-01-0427

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emelie E. Daugherty 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 24 1884 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Shoe worker

11. Industry or business International Shoe Co.

12. Name James Daugherty

13. Birthplace Nashville Tenn! (City, town, or county) (State or foreign country)

14. Maiden name Susan Tumble

15. Birthplace Union Tenn! (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emelie Daugherty

(b) Address 417 Cedar St, Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date of death March 11, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Richard V. Pitt, Inc.
(b) Address Washington, Missouri

19. (a) 3/8/44 (Date received local registrar) (b) Lucille Ruether Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1944 hour 7:00 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 _____

Due to Dropped Head at International shoe factory, Washington, Mo.

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

Major findings: 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? OK (Specify type of place) (e) Means of injury _____

23. Signature Ernest P. Ottman (M. D. or other) _____

Address Sumner Missouri Date signed 3-7-44

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

36
6
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-44

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.....

Lester A. Witt, Registered Apprentice No.
working under my personal supervision.

Signed *Lester A. Witt*

Licensed Embalmer No. 3254

P. O. Address Washington, 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.