

FILED JUN 7 1948

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 36

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
242 W. Franklin
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clay 24
 (c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 242 W. Franklin 1
(If rural, give location)
 (e) Citizen of foreign country? no 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Flora Stuart Dougherty Courtney

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 15 day
 year 1946 hour 12 minutes 30 A.M.

3. (b) If veteran, name war no
 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from
August 15 1946 to May 15 1946
 that I last saw her alive on May 14 1946
 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
Widowed
 (b) Name of husband or wife Calhoun Courtney (c) Age of husband or wife if
Sept 25 1861
 7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death
Myocardial Failure
 Duration 7 days

8. AGE: Years 84 Months 8 Days 10
 If less than one day
 hr. _____ min. _____

Due to _____
 Due to _____

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

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation House wife

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
 12. Name Lewis Bissell Dougherty
 13. Birthplace Leavenworth Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Missouri Ann Carey
 15. Birthplace Platte County Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.
good

16. (a) Informant Mrs. John Lewis Dougherty
 (b) Address Liberty Mo
 17. (a) Burial (b) Date thereof May 16/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview
 18. (a) Signature of funeral director [Signature]
 (b) Address Liberty, Mo
 19. (a) May 16 - 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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?

(Specify type of place)
 While at work? _____ (e) Means of injury 0
 23. Signature [Signature] (M. D. or other) [Signature]
 Address Liberty, Mo Date signed 5/18/46

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

4
2
1

1433

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-5-46

JAN 30 1947

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 _____

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.