

S. No. 2
1-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21237
Registrar's No. 189

FILED JUL 11 1946

Registration District No. 372 Primary Registration District No. 3059

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Elvins
(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 Richard Dean Daugherty

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

4. Sex Male 5. Color or race cauc 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 4, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
--- --- --- 14 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Arlie Daugherty
13. Birthplace Elvins, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Bays
15. Birthplace Leadwood, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arlie Daugherty
(b) Address Elvins, Missouri

17. (a) Burial (b) Date thereof June 5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big River, Cemetery

18. (c) Signature of funeral director Sparks Funeral Home
(b) Address 300 Taylor Ave, Flat River, Mo

19. (a) 6-8-46 (b) Cather Rudloff
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 11:30 minute --- P.M.

21. I hereby certify that I attended the deceased from June 4-46
_____, 19____, to June 4, 19____
that I last saw h. IM alive on June 4, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Premature
infant 6 mo

Due to Placental Previa
& mother

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)
(c) Means of injury _____

23. Signature C. H. Cougherty (M. D. or other) MD
Address Flat River MO Date signed 6-8-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 746-2331
Date Filed 7-10-46

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.

(NOT EMBALMED)

Signed Murphy L. Sparks
Licensed Embalmer No. 4236
P. O. Address Flat River, 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.