

S. No. 2
M-5-43
5-17-39
P I X346

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27091**
Registrar's No. **3539**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4207 Holly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **65 years**
years, months or days)

3. (a) PRINT FULL NAME **Hugh M. Dougherty**

3. (b) If veteran, name war **NO**
3. (c) Social Security No. **495-20-0477**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frances A.**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **March 14 1875**
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **20**
If less than one day _____ hr. _____ min.

9. Birthplace **Pittsburg Pa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Police Officer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Michael Dougherty**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Bridget Flynn**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Francis A. Dougherty**
(b) Address **4207 Holly**

17. (a) **Burial** (b) Date thereof **Aug/17/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Galvary**

18. (a) Signature of funeral director **John P. Shiel**

(b) Address **6600 Ruffin**

19. (a) **8-16-46** (b) **Deborah Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **4207 Holly** **8**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **14** 1946
year **1946** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **June 16**
19**46** to **Aug 14** 19**46**
that I last saw him alive on **Aug 14**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Duration **2 Months**

Due to _____

Due to _____

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

Major findings: **94 a**
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 **0**

23. Signature **Master J. Hunter** (M. D. or other) **M.D.**
Address **1408 Waldheim Bldg** Date signed **Aug 16-46**

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

U16708
Martin, Herbert
Washington, D.C.
11th Floor

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. 3625
P. O. Address: R. C. W.

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.