

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 X36679

37408

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
115 E. 6th Street /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper 49  
 (c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 115 E. 6th Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lester Leslie Daugherty  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 22  
 year 1946 hour 11 minute P.M.

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 2, 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15 1946 to Oct 22 1946  
 that I last saw him alive on Oct 15 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Myocardial infarction  
Chronic

8. AGE: Years 79 Months 5 Days 20  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

9. Birthplace Coschocton County Ohio  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Paperhanger & Carpenter

Other conditions Myocardial infarction  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Samuel W. Daugherty  
 13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Melissa Norman  
 15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings: 930  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Neodasha, Kansas  
 (b) Address \_\_\_\_\_  
 17. (a) Burial (b) Date thereof Oct 25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Hope

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? \_\_\_\_\_

18. (a) Signature of funeral director Hurlbut Und. Co.  
 (b) Address Joplin, Mo.  
 19. (a) 10-24-46 (b) Ed. James  
(Date received local registrar) (Registrar's signature)

23. Signature H. H. Hurlbut (M. D. or other) D  
 Address Joplin, Mo. Date signed 10-24-46

138 (Licensed Embalmer's Statement on Reverse Side)

46-11-9 58

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**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 M. Young*

Licensed Embalmer No. *3566*

P. O. Address *Joseph Missouri*

**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.**