V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1584

Registration District No. 169 Primary Registration District No. 3031 Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Self Ex. De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Washington
(c) City or town Richwoods
(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 MARTIN JAMES DAUGHERTY
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased JAN (Month) 5 (Day) 1947 (Year)
8. AGE: Years ..... Months ..... Days 2 If less than one day ..... hr. ..... min.
9. Birthplace Delaro (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name WILLIAM DAUGHERTY
13. Birthplace Richwoods (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name FRANCIS CAREY
15. Birthplace SULLIVAN (City, town, or county) Mo. (State or foreign country)
16. (a) Informant William Daugherty
(b) Address Richwoods, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods, Mo.
18. (a) Signature of funeral director Daniel J. Mahn
(b) Address Delaro Mo.
19. (a) 1-11-47 (Date received local registrar) (b) Marie Farrier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1947 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from January 5, 1947 to Jan 7, 1947 that I last saw him alive on Jan 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia, bilateral, bacterial agent undetermined	24 hrs
Due to Pulmonary emphysema, and atelectasis; ? pneumothorax	
Due to Fetal anoxia (? prolapsed cord), difficult resuscitation	
Other conditions Intracranial hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy NO

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Thomas A. Donnell (M. D. or other) M.D.
Address Delaro, Mo. Date signed 1-8-47

146

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 15 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 Baby was not embalmed, Registered Apprentice No., working under my personal supervision.

Signed Daniel J. Mahn Jr.

Licensed Embalmer No. 4326

P. O. Address Velda, 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.