

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9681

State File No. _____

FILED APR 7 1947
Register District No. 155

Primary Registration District No. 3127

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution: 28X 712 PROSPECT
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 712 N. Prospect
(e) Citizen of foreign country? NO
If yes, name country _____

3. (a) PRINT FULL NAME

Cliff Mae Doll

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Doll 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April 27 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wesley Carl

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Della

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clava Doll
(b) Address Webb City Mo.

17. (a) Burial (b) Date thereof April 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Mo.

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo.

19. (a) APR 3 47 (b) J.H. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1947 hour 12:55 minute a. M.
21. I hereby certify that I attended the deceased from Feb. 4, 1947, to April 1, 1947, that I last saw her alive on MARCH 31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: PNEUMONIA Hypostatic
Due to: CANCER OF LIVER

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

Duration 1 wk
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature: [Signature] (M. D. _____) HD
Address: Webb City, Mo Date signed: April 3, 1947

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

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42 8-25 3

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.