S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10078

Registration District No. 230 | Primary Registration District No. 434-5810 | Registrar's No. 5

1. PLACE OF DEATH:

(a) County Montgomery,
(b) City or town McKittrick, Mo. Rural Loutre
(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 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery,
(c) City or town McKittrick, Mo. Rural
(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 Luke Doyle,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Celia Doyle,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 5th, (Day) 1866 (Year)

8. AGE: Years 80 | Months 3 | Days 23 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Doyle,
13. Birthplace Dublin, (City, town, or county) Ireland, (State or foreign country)

MOTHER
14. Maiden name Elizabeth Karr,
15. Birthplace Unknown (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant John Doyle,
(b) Address McKittrick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Patton cemetery,

18. (a) Signature of funeral director [signature]
(b) Address Americus, Mo.

19. (a) 3-29-47 (Date received local registrar) (b) Mrs. Nana Lee Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28, year 1947 hour 8 minute 12P.M.

21. I hereby certify that I attended the deceased from Mar. 17, 1947, to Mar. 28, 1947, that I last saw him alive on Mar. 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis with mitral insuffiency	unknown
Due to	
Due to	
Other conditions Lobar pneumonia (Include pregnancy within 3 months of death)	11 days

Major findings:
Of operations
Of autopsy

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 [signature] M.D. (M. D. or other)
Address Hermann, Mo. Date signed 3/29/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4/8/42

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 D.B.Baker, Registered Apprentice No.,

working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 2375

P. O. Address

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.