

S. No. 2
 M-5-43
 v. 5-17-39
 I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16098**

FILED APR 18 1947
 Registration District No. 352

Primary Registration District No. 6117-4488

Registrar's No. 2

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

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Morley
 (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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scott 100
 (c) City or town Morley 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME MAUDE ESTELLE DAUGHERTY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 5
 year 1947 hour 1 minute 10 A. M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 4 1897
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6 1946, to March 5 1947;
 that I last saw her alive on Feb. 7 1947;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Heart failure, congestive Duration 3 days
 Due to Tubercin 1 month

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

Due to Carcinoma Colon & general metastases 2 yrs.
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation at home
 11. Industry or business _____
 12. Name Jasper May
 13. Birthplace Ind
 (City, town, or county) (State or foreign country)
 14. Maiden name Lizzie Howell
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____ PHYSICIAN HLE
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Frank Sisson
 (b) Address Sikeston Mo
 17. (a) Burial (b) Date thereof 3-7-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Morley Mo
 18. (a) Signature of funeral director Wells Funeral Home
 (b) Address Sikeston Mo
 19. (a) Apr-9-47 (b) C. Bryant
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature A. D. Watter (M. D. or other) Med
 Address Sikeston Mo. Date signed 3-11-47

RECEIVED

District Health Office No. 2,

District File Number 442-571

Date Filed 4-15-42

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Raymond Crews

Licensed Embalmer No. 3K67

P. O. Address Sikeston 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.