S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1947

Registration District No. 14

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24023

Primary Registration District No. 5542

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Higbee (Rural)
(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 All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Higbee (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. ----
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME Martha Ann Williams Doughtery

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 Joe Doughtery

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased November 5, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	6	---- hr. ---- min.

9. Birthplace Howard Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

FATHER
12. Name John Berry Williams
13. Birthplace Virgina 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Gatewood
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Wheeler 1
(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 7/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 7-17-47 (b) Dorothy Fern Sahin Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1947 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-47, 19 to 7-11, 1947
that I last saw her alive on 7-11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Thrombosis	1 hr.
Due to Chr. M. Yocardites	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Eva Bloom (M. D. or other) M.D.
Address Fayette Missouri Date signed 7-17-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-13-47

APR 20 1959

JUL 14 1954

DEC 17 1952

NOV 17 1948

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 Lloyd O Jaspering, Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.