No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1947

Registration District No. 197

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34433

Registrar's No. 4336

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 21 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 E 27 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Don Daugherty
3. (b) If veteran, name war no
3. (c) Social Security No. none
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 Sept. 21 1947 (Month) (Day) (Year)

8. AGE: Years ✓ Months ✓ Days ~~22~~ 21 If less than one day hr. min.

9. Birthplace N C mo (City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Peter Freeman
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Boochelew
15. Birthplace Leominster mass (City, town, or county) (State or foreign country)
16. (a) Informant Fairmont Hast
(b) Address 1414 E 27
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director H P Doehler
(b) Address 1415 E 15
19. (a) 10-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 10, 1947, to Oct. 12, 1947, that I last saw him alive on Oct. 12, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subarachnoid hemorrhage-Brain edema-Hypostatic pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1100 a	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN

Underline the cause of 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 0

23. Signature Wm W. Hast (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.