No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38592

FILED NOV 24 1947

Registration District No. 73-7 Primary Registration District No. 3028 Registrar's No. 241

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 521 W. Central St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 48 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 521 W. Central St. (If rural, give location) 30
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: -------

3. (a) PRINT FULL NAME: DOSHIA BELL KINGSBURY
3. (b) If veteran, name war: none
3. (c) Social Security No. none
4. Sex: female
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: April (Month) 1 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 10 If less than one day hr. min.
9. Birthplace: Exeter (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home
11. Industry or business: -------

MOTHER FATHER
12. Name: William R. Kingsbury
13. Birthplace: unknown (City, town, or county) Indiana (State or foreign country)
14. Maiden name: Harriett Cozier
15. Birthplace: unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Mrs. Jessie K. Schasteen
(b) Address: 521 W. ~~Main~~ Central, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Nov 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 11-12-47 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1947 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from June 9, 1946 to Nov. 11, 1947; that I last saw her alive on Nov 10, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dementia, Senile	1/3 yrs
Due to: Hypertension arteriosclerosis	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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:

23. Signature: George H. Wood (M. D., or other)
Address: Carthage Mo Date signed: Nov 12 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

47-11-870

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 Frank W. Kuee Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.