

No. 2
-12-45
-17-39
X47070

FILED JAN 7 1948

Registration District No. **271**

Primary Registration District No. **4433**

Registrar's No. **-116**

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

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Unionville Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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)

3. (a) PRINT FULL NAME **JOHN HARLEY DOOLEY**
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 **S**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **1781** years
7. Birth date of deceased **Sept 26 - 1781**
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **26** If less than one day hr. _____ min. _____

9. Birthplace **Unionville MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

MOTHER FATHER

11. Industry or business _____
12. Name **URIAH - DOOLEY**
13. Birthplace **LOWA**
(City, town, or county) (State or foreign country)
14. Maiden name **GAPTANIA - DAVIS**
15. Birthplace **IND.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Dooley**

(b) Address **Unionville Mo**

17. (a) _____ (b) Date thereof **Dec, 24 - 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Unionville Mo**

18. (a) Signature of funeral director **W. W. McDaniel**

(b) Address **Unionville Mo**

19. (a) **1-348** (b) **Marvell Durbin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Putnam**
(c) City or town **Unionville**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **22**
year **1947** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Dec 22 1947**
to **Dec 22 1947**

that I last saw him alive on **Dec 22 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration _____
Chronic Myocarditis

Due to _____

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? _____

(Specify type of place) _____ (e) Means of injury **21**

23. Signature **W. W. McDaniel** (M. D. or other) **MD**

Address **Unionville** Date signed **12-21-47**

RECEIVED
District Health Officer No. 10
District No. Number 1-48-39
Date Filed JAN - 6 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.....

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

Signed *Murl E. Husted*
Licensed Embalmer No. *3304*
P. O. Address *Unionville, 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.