

No. 2
12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44539

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 120

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 City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether)
In this community years, months or days

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

3. (a) PRINT FULL NAME MARY DAUGHTERY

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife L | 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 12 1862
(Month) (Day) (Year)

8. AGE: Years 85 - Months 13 - Days If less than one day hr. min.

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

10. Usual occupation Non

11. Industry or business Non

12. Name Anthony Daugherty

13. Birthplace Iowa (City, town, or county) (State or foreign country)

14. Maiden name Judy Mitchell

15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mary McPalment

(b) Address Leane Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 12-28-47
(Month) (Day) (Year)

(c) Place: burial or cremation Unionville Mo

18. (a) Signature of funeral director H. H. Husted
(b) Address Unionville Mo

19. (a) 1-10-48 (Date received local registrar) (b) Maxwell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1947 hour 12:05 minute 9 M.

21. I hereby certify that I attended the deceased from 19 to Dec 19, 1947; that I last saw alive on Dec 19, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary artery atherosclerosis
Physician: M. D. H

Due to Pyaemia of Pilonus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 200 H

Of autopsy

PHYSICIAN

Underline the cause of death which is the most probable cause of death.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

23. Signature M. D. H (M. D. or another) Address Unionville Mo Date signed 1/10/48

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

RECEIVED
District Health Officer No. 1-426
District File Number
Date Filed JAN 14 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 *J.O. Husted*
Licensed Embalmer No. *2975*
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.

Registration District No. 291

Primary Registration District No. 4423

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(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 _____ years, months or days

3. (a) PRINT FULL NAME Mary Daugherty

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 12 1912
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 194 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

SUPPLEMENTARY
I do not have dates of injury.
First fracture of hip probably some five years ago. Refractured some three years ago. Due to a fall in home, on farm.

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? _____

While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature J. D. Norman (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

Handwritten text, possibly a signature or name, appearing as "H H R" or similar characters.

5-44539