

FILED FEB 3 1948

State File No. _____

Registration District No. 8

Primary Registration District No. 5034

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Farber
(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 53 YEARS years, months or days

3. (a) PRINT FULL NAME John Henry Doyle

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-01-248

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased May 10 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 8 13 hr. _____ min.

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

10. Usual occupation North Mo. Refr.

11. Industry or business R

MOTHER FATHER

12. Name Zachariah Taylor Doyle

13. Birthplace Dika Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marionette Fritch

15. Birthplace Putnam Co. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Z. T. Doyle

(b) Address Farber, Mo.

17. (a) Burial (b) Date thereof Jan 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia Cem.

18. (a) Signature of funeral director W. S. Werten

(b) Address Carrollton, Mo.

19. (a) 1-27-1948 (b) Martha P. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Farber (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23
year 1948 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11-26 1947 to 1-17 1948
that I last saw him alive on 1/17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration _____

Due to Probable metastasis of Cancer to heart

Due to Diagnosis and/or adrenal gland - Unknown site

Other conditions: unknown (see note)
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 46

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 name of place) Means of injury _____

23. Signature Chas H. Kewell (M. D. MD)
Address Louisiana Mo. Date signed 1/25/48

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

MAY 1 1948

FEB 5 1948

RECEIVED
District Health Officer No. 10
District File Number 1-48-186
Date Filed JAN 30 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 Wm. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.