S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948
Registration District No. 4

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 208
Registrar's No. 148

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community ~~forty years~~ 17 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Bigelow rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Bessie Dougherty
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife FRANK
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 10, 1887 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| 1 | 60 | 6 | 24 | hr. min. |

9. Birthplace unknown (City, town, or county) Kansas (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name William Mallon
13. Birthplace unknown (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Ubina Harper
15. Birthplace unknown (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Harold Dougherty
(b) Address Bigelow, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound City Cemetery
18. (a) Signature of funeral director W. H. Crawford
(b) Address Mound City, Mo.
19. (a) 2-6-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 209

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1948 hour 11:00 minute — P. M.
21. I hereby certify that I attended the deceased from January 18, 1948, to February 4, 1948; that I last saw her alive on Feb 4, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Liver Abscess + Acute Pancreatitis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 11
23. Signature Wm. P. Long (C.S.) ~~(M.D. or other)~~ D.O.
Address 823 Faraon St. Date signed 2-4-48
St. Joseph, Mo

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 Alvan M. Lisbona Registered Apprentice No. 48 working under my personal supervision.

Signed H. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City, 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.**