S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 278

Primary Registration District No. 3050

State File No. 1949

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 204 W. 14th St. 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME John H. Dooley

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife IVA E. Dooley

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

7. Birth date of deceased March (Month) 16 (Day) 1884 (Year)

8. AGE: Years 63 Months 10 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Critteon Co. (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation .....

11. Industry or business Farmer

FATHER
12. Name John Vance Dooley
13. Birthplace Harrison Co. (City, town, or county) Ind 1 (State or foreign country)

MOTHER
14. Maiden name Mary Alice Kemper
15. Birthplace Harrison Co. (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant E. C. Dooley
(b) Address 605 Eastwood ave. Caruthersville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director La Forge Und. Co.
(b) Address Caruthersville Mo.

19. (a) 1-26-48 (Date received local registrar) (b) Tressie B. Wilks (Registrar's signature) 9/1/49

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1, 1946 to Jan 20, 1948; that I last saw him alive on Jan 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	6 mo.
Due to Hypertension	about 3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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)

While at work? ..... (e). Means of injury 0

23. Signature C. Coastes (M. D. or other) MD

Address Caruthersville Mo. Date signed 1/22/48

(Licensed Embalmer's Statement on Reverse Side)

1-48-27

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 Boyd B. Willis, Registered Apprentice No. 19, working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carthage, 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.