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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11193

State File No. _____

Registration District No. 922

Primary Registration District No. 6099

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Queen City (Rural)
(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 90 yrs. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Queen City (Rural)
(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 SARAH E. DAUGHERTY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day March
year 1948 hour 12 midnight

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on 2-28, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased May 25 1857
(Month) (Day) (Year)

Immediate cause of death Inferiority of old eye

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 90 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace near Queen City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Abraham Johnson

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

14. Maiden name not known

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

16. (a) Informant E. D. Daugherty

(b) Address Queen City, Mo.

17. (a) Burial (b) Date thereof 3/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation Green Cemetery

18. (a) Signature of funeral director Wm. A. Orest

(b) Address Queen City, Mo.

19. (a) Mar. 23 48 (b) Paul A. J. Drake
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 2

23. Signature Paul A. J. Drake (M. D. or other) _____

Address Queen City, Mo. Date signed 3-18-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 3-48583
MAR 31 1948
Date Filed

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 Self

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm. J. West

Licensed Embalmer No. 2882

P. O. Address. Queencity 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.