

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11834**

FILED MAY 7 1948

Registration District No. **65**

Primary Registration District No. **4113**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Chariton**

(b) City or town **Brunswick**
(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..... (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**

(c) City or town **Brunswick Mo**
(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.....

3. (a) PRINT FULL NAME **FRANK M. DOXEY**

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

3. (c) Social Security No.

4. Sex **MALE**

5. Color or race **COL**

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **AUGUST 21 - 1888**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11** year **1948** hour **2** minute **P.** A.M.

21. I hereby certify that I attended the deceased from **Apr 8 - 1948 to Apr 11 - 1948** that I last saw him alive on **April 8 - 1948** and that death occurred on the date and hour stated above.

Immediate cause of death: **arteriovascular heart disease**

Duration **unknown**

Due to **over known**

8. AGE: Years **58** Months **7** Days **20** If less than one day hr. min.

9. Birthplace **Brunswick Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **Day Work**

12. Name **Frank Doxey**

13. Birthplace **Saline Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Peery**

15. Birthplace **Brunswick Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Doxey**

(b) Address **Brunswick Mo**

17. (a) **Burial** (b) Date thereof **4/13/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunswick Mo**

18. (a) Signature of funeral director **L. McNeal**

(b) Address **Brunswick Mo**

19. (a) **4-13-48** (b) **Wilfred Boone**
(Date received local registrar) (Registrar's signature)

Other conditions **chronic alcoholism years**
(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 **C**

23. Signature **Traver Rice** (M. D. or other)

Address **Brunswick Mo** Date signed **4-17-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-6-48

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

L. M. Marshall

Licensed Embalmer No.

922

P. O. Address

Brunswick, 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.