. No. 2
—12-45
5-17-39
47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17128

Primary Registration District No. 3052

Registrar's No. 131

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Memorial Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 Hours (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis 80

(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 317 W. 17th 4
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM CRAWFORD DOUGHERTY

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M. 0

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: February (Month) 10, (Day) 1946 (Year)

8. AGE: Years 2 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace: Sedalia (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: William J. Dougherty
13. Birthplace: Indianapolis (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name: Nadine Crawford
15. Birthplace: Sedalia (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: William J. Dougherty

(b) Address: 317 W. 17th -Sedalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5 - 3-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Geo Dillard

(b) Address: Sedalia Mo

19. (a) 5-3-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th, 1948 year hour 10.30 P.M. minute M.

21. I hereby certify that I attended the deceased from Birth, 19, to April 30th, 1948. 19; that I last saw him alive on April 30th, 1948. 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchical Pneumonia.	I day
Due to Influenza?	
Due to	
Other conditions (Include pregnancy within 3 months of death): Malnutrition.	Since birth.

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): None.

(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: Jno. B. Carlisle M.D. (M. D. or other) M.D.

Address: Sedalia Mo Date signed 5-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-21-48

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 Frank S. Coffman Jr., Registered Apprentice No. 16, working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.