S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19879

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 91

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 925 W. FOURTH
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 Yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 925 W. 4th St; 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alta Elizabeth Daugherty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lee A. Daugherty

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August (Month) 31, (Day) 1882 (Year)

8. AGE: Years 65 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Alvan Moreland

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

MOTHER
14. Maiden name Mary Ike
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Lee A. Daugherty
(b) Address Webb City, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof June 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Webb City Und Co;
(b) Address Webb City, Mo.

19. (a) JUN 19; 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 18, 1948 day 9.20 A. year hour minute M.

21. I hereby certify that I attended the deceased from Dec 10, 1947, to June 18, 1948 that I last saw her alive on June 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 2

23. Signature G. W. Cox (M. D. or other) DO

Address Webb City, Mo Date signed 6-19-48

(Licensed Embalmer's Statement on Reverse Side)

48-6-51 8

MAY 5 1958

FEB 27 1958

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. D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address. Webb 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.