No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 11 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27145

Registration District No. 243 | Primary Registration District No. 5837 | Registrar's No. 77

3
0
0

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME / 1 mile south of Neosho
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: Neosho (RURAL) 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 mile South of Neosho 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Cecil J. Daugherty
3. (b) If veteran, name war: World War I
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed~~, married, divorced: Married
6. (b) Name of husband or wife: Estellah Daugherty
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: Feb (Month) 10 (Day) 1897 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 51 | 6 | 20 | ....hr. ....min. |

9. Birthplace: Stella (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Realestate Broker
11. Industry or business: Realestate Broker
FATHER
12. Name: Porter E. Daugherty
13. Birthplace: Washburn (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Rebecca A. Breazeale
15. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Estellah Daugherty
(b) Address: Neosho, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Cem. (Neosho)
18. (a) Signature of funeral director: Clark-Bigham
(b) Address: 200 East Spring Neosho Mo.
19. (a) Sept 2, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1948 hour 3:30 A.M. minute ..... M.
21. I hereby certify that I attended the deceased from March, 1948, to Aug 30, 1948, that I last saw him alive on Aug 30, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinomatosis secondary to carcinoma of Bile Ducts | 8 mo. |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations: 8/6/11
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 .....
23. Signature: Harold C. Reitz (M. D. or other) M.D.
Address: 113 W. Hickory, Neosho, Mo. Date signed: Sept 2, 1948

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1948

RECEIVED
District Health Officer No. Newton Co
District File Number 948-372
Date Filed 9-8-48

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 K. Ly — White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.