No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37062

FILED NOV 27 1948

Registration District No. 257

Primary Registration District No. 3028

Registrar's No. 259

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Mc.Cune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution unknown (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. N.E.Carthage Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME George Daugherty

3. (b) If veteran, name war no data

3. (c) Social Security No. no data

4. Sex Male 0

5. Color or race White

6. (a) ~~Single, widowed, married,~~ divorced 3

6. (b) Name of husband or wife Dora May Daugherty

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

7. Birth date of deceased October (Month) 3 (Day) 1867 (Year)

8. AGE: Years 81 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Jasper County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jefferson Daugherty 1
13. Birthplace unknown (City, town, or county) West Virgina (State or foreign country)

MOTHER
14. Maiden name Mary L. Baugher
15. Birthplace unknown (City, town, or county) Virgina (State or foreign country) 1

16. (a) Informant Dora May Daugherty
(b) Address N.E. Carthage Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Faskens Cemetery

18. (a) Signature of funeral director Hedge-Lewis Funeral Home
(b) Address Webb City Mo.

19. (a) 11/18/48 (Date received local registrar) (b) 139 L.B. Clinton (Registrar's signature) by [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1948 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from Aug 10, 1948, to Nov - 10, 1948; that I last saw him alive on Nov - 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemothorax	1 month?
Due to Carcinoma of the lung	not known
Due to	
Other conditions Pernicious anemia (Include pregnancy within 3 months of death) mild congestive heart failure	

Major findings:
Of operations
Of autopsy 4 NP

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) 0
While at work? (e) Means of injury

23. Signature Charles H. Sibell (M. D. or other) MD
Address 201 W. 3rd, Carthage, Mo. Date signed 11/15/48

(Licensed Embalmer's Statement on Reverse Side)

48-11-982

JAN 18 1949

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 Richard Troy Lewis

Licensed Embalmer No. 1405

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.