

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8335**

FILED APR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1007** Registrar's No. **1416**

3008

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>70 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>4207 Holly 3700</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Joseph's Hosp</b>			
3. NAME OF DECEASED a. (First) <b>FRANCES</b> b. (Middle) <b>A. Dougherty</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>3 26 52</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>3-2-1877</b>
9. AGE (In years last birthday) <b>75</b>		# UNDER 1 YEAR Months <b>24</b>	# UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State, or Foreign Country) <b>Moline Ill.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA.</b>			
13a. FATHER'S NAME <b>John Petersen</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Guelk</b>	14. NAME OF HUSBAND OR WIFE <b>Hugh M. Dougherty</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Virginia BERTONCIA</b> ADDRESS <b>3340 Chestnut</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic Heart Disease</b> <b>Many years</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture Right Femur.</b> <b>4/6/52</b> <b>2-7-52.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 1946</b> to <b>Mar 26, 1952</b> , that I last saw the deceased alive on <b>Mar 25, 1952</b> , and that death occurred at <b>7:05 p.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Martin P. Hunter</b>		23b. ADDRESS <b>1408 Waldheim Bldg.</b>	
23c. DATE SIGNED <b>3/26/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/29/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
DATE REC'D BY LOCAL REG <b>3-26-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Skeil</b>		ADDRESS <b>K.C. Mo</b>	

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard C. Carroll

Licensed Embalmer No. 4829

P. O. Address D. C. 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.