

**OCT 19 1943 318**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(c) Name of hospital or institution:  
**4691 Primm St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Mary Alice Daugherty**

3. (b) If veteran, name war **xx** 3. (c) Social Security No. **xx**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 15 1874**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **11** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Neeleys Landing** **No. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Daniel Morgan**  
13. Birthplace **No. Carolina**  
14. Maiden name **Jane McLaughlin**  
15. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert E. Daugherty**

(b) Address **4691 Primm St.**

17. (a) **Burial** (b) Date thereof: **10/4/1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cape Girardeau Mo.**

18. (a) Signature of funeral director **John J. Ziegenfuss & Sons**

(b) Address **OCT 7027 Grayson Ave.**

19. (a) **1943** (Date received local registrar) **J. F. Bedeak** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Cape Girardeau**  
(c) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **7 N R.**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **9** day **30**  
year **1943** hour **4** minute **05** P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Strangulation due to Hanging with Deceased was found hanging from the rafters in the basement of her home at 4691 Primm St. on Sept 30 - 1943 at about 4:55 P.M. while suffering from temporary mental aberration.** Duration \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **164**  
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) **suicide**  
(b) Date of occurrence **Sept 30 - 1943**  
(c) Where did injury occur? **St Louis Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**home**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Alfred Henry** (M. D. or other) \_\_\_\_\_  
Address **10/1/43** Date signed **10/1/43**

OCT 19 1943

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *C. P. Kidwell* .....

Licensed Embalmer No... *3877* .....

P. O. Address... *7027 Gravois* .....

**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.**