

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

245

## 1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether  
 In this community 2 da  
 years, months or days)

3. (a) PRINT FULL NAME Mary C Daugherty

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife John W Daugherty 6. (c) Age of husband or wife if alive 82 years7. Birth date of deceased October 1 1869  
(Month) (Day) (Year)8. AGE: Years 77 Months 10 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Cape Girardeau County Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER  
 { 12. Name Ira M Woods  
 { 18. Birthplace North Carolina  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Adams  
 { 15. Birthplace North Carolina  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J W Daugherty(b) Address Jackson Mo.17. (a) Burial (b) Date thereof 8-12-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Edwards-Stallis - Seeburg (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury 1(b) Address Jackson Mo.19. (a) 8-12-1947 (b) C. G. Summers  
(Date received local registrar) (Registrar's signature) U C

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir.  
 (c) City or town Jackson  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 213 South High  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10  
year 1947 hour 10 minute 45 AM21. I hereby certify that I attended the deceased from Feb  
\_\_\_\_\_, 1945, to Aug 10, 1947;  
that I last saw h. alive on Aug 10, 1947;  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration 1 1/2 hrsDue to Coronary sclerosis 2 yrsDue to \_\_\_\_\_  
Other conditions Cancer of stomach 6 mos  
(Include pregnancy within 3 months of death)

## PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy H & P

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?

23. Signature J E Ruff (M. D. or other) M.D.Address Jackson Mo Date signed 8/11/47

RECEIVED

Health Officer No. 4

File Number 847-10

Dated 8-18-47

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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 Glen W. Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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, above space should be left blank.**