DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7389
State File No.

FILED MAR 13 1943

Registration District No. 7
Primary Registration District No. 3057
Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County: Ray
(b) City or town: Richmond Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home North College (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: 62 yrs

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

3. (a) PRINT FULL NAME: Martha Sophia Daugherty
3. (b) If veteran, name war: No
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Christipher C. Daugherty
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: March 8 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	11	20	hr. min.

9. Birthplace: Lara (City, town, or county) Denmark (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: " "
FATHER 12. Name: Andrew Madsen
13. Birthplace: Don't Know ? (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Don't Know.
15. Birthplace: Don't Know. ? (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. May Taster
(b) Address: Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Richmond Cemetery
18. (a) Signature of funeral director: R. K. Rogers
(b) Address: Ridgeway Mo.
19. (a) MAR 1 43 (Date received local registrar) (b) Mrs. Chas. W. Shippard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 28 year 1943 hour minute 3 a M.
21. I hereby certify that I attended the deceased from Feb 7, 1943, to Feb ..., 1943, that I last saw her alive on Feb 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Pneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death): Arterio Sclerosis

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury

23. Signature: E. E. Gay (M. D. or other)
Address: Richmond Mo. Date signed 3-1-43

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number ----------

Date Filed 3-12-43

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 R R Boggess

Licensed Embalmer No. 35-76

P. O. Address Ridgeway 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.

.S. No. 2B
2—8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7389

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 12

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

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

3. (a) PRINT FULL NAME Martha Sophia 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 m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 8 18 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Denmark (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 8 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Pneumonia — Duration
Due to Bronchial
Due to
Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations 107
Of autopsy

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)
While at work? (e) Means of injury
23. Signature E. C. Fay (M. D. or other)
Address Richmond Date signed