No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5868

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 16

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

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: 311 North Camden Street (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 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond (If outside city or town limits, write "RURAL")
(d) Street No. 311 North Camden (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME Laura Ella Doss
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 Married
6. (b) Name of husband ~~or wife~~ Joseph Oscar Doss
6. (c) Age of husband ~~or wife~~ if alive 68 years
7. Birth date of deceased June (Month) 24 (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7	11	____ hr. ____ min.

9. Birthplace Monroe County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ______

FATHER
12. Name Filmore Austin
13. Birthplace Monroe County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Minty Harlin
15. Birthplace Monroe County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Pernie Whelchel
(b) Address Richmond, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo.
18. (a) Signature of funeral director Thomas J. Carter
(b) Address Richmond, Mo.
19. (a) Feb. 24-1948 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to Feb. 5, 1948 that I last saw her alive on Feb 5 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Adeno Carcinoma	8 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Dr. E. G. Ravan M.D. (M.D. or other)
Address Richmond, Mo. Date signed Feb 7, 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number ....

Date Filed ....3-12-48........

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ey Springs / M

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.

No. 2B
M—3-45
P I X43880

DEPARTMENT OF COMMERCE
Bureau of the Census

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 16

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 Laura E. Doss
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 June 24 80 (Month) (Day) (Year)
8. AGE: Years 67 Months 7 Days If less than one day hr. min.
9. Birthplace (City, town or county) Ky (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 year 1948 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.

	Duration
Immediate cause of death: Uterus carcinoma, colon, spleen	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 [signature] (M. D. or other) AB DO
Address Richmond, Mo. Date signed Feb 5-48

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SUPPLEMENTARY

ENCLOSED 7 — 1948

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

1948
S-5868