NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34998
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain
(b) Township Cuivre
(c) City Mt-Carmel
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 912
Primary Registration District No. 6232A
Registered No. 36

2. PRINT FULL NAME JOHN PHILLIBERT DOUCHANT
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gladys Douchant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1884
7. AGE YEARS 53 MONTHS 11 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Carmel Mo

FATHER
13. NAME Gregory Douchant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

MOTHER
15. MAIDEN NAME Ella Knipper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Gladys Douchant Vandalia Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Oct 15 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. S. Waters Vandalia
20. FILED 10/15 1938 Carrie F. Utterback Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1938, to Oct 13th 1938
I last saw him alive on Oct 13th 1938. Death is said to have occurred on the date stated above, at 11 30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Head of Pancreas 4 6 7

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) A. Hirsch, M. D.
(Address) Middletown, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 10-38-448
Date Filed 11-9-38

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, Wm B Waters, or by

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

Signed Wm B Waters

Licensed Embalmer No. 332

P. O. Address Vandalia 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.