

N 12 1940

89

3007

Registrar's No. **294**

Registration District No. **89**

Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hour
(Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME J. W. Douglas **2142**

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

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Betty Louise 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 16, 1901
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 19
If less than one day hr. min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Ed Douglas

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Della

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Betty Louise Douglas

(b) Address Memphis, Tenn.

17. (a) Burial (b) Date thereof Dec. 9, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ruston, La.

18. (a) Signature of funeral director Greer-Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 12/10/39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
 year 1939 hour 12:45 minute 1:00 PM

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 Shock fracture skull
Internal injuries
 Due to riding in automobile
which collided with another moving
 Due to automobile head on

Duration

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: [Signature]
 Of operations _____

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) accident

(b) Date of occurrence Dec. 5-1939

(c) Where did injury occur? Public Hill Butler Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? no (e) Means of injury Auto Collision

23. Signature Greer W Greer (M. D. or other)

Address Poplar Bluff Mo Date signed 12/8-39

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.

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.....

Garret W Green

Licensed Embalmer No.....

2964

P. O. Address.....

Poplar Bluff

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42869
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Paplar Bluff Primary Registration District No. 3009
(c) City Paplar Bluff (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.

Registered No. 294

2. PRINT FULL NAME

(a) Residence, No. James W. Douglas St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/8 1940 Blutinger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19__

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Shock Fractured skull Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____ (Signed) Groves W. Greer, M. D.

(Address) Paplar Bluff Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
U. S. - 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.

