

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 15

1. PLACE OF DEATH

(a) County Deer

(b) City or town Salem Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louella Douglas

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J. A. Douglas

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 24 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>6</u>	<u>23</u>	hr. min.

9. Birthplace Deer Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Berrell

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

14. Maiden name Olga Sjor

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

16. (a) Informant William G Fenele

(b) Address Deer Lodge

17. (a) Sligo Cemetery (b) Date thereof 10/19/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sligo Cemetery

18. (a) Signature of funeral director Albert G. Grant

(b) Address Salem Mo

19. (a) Oct 19 1940 (b) F. E. Suttick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deer

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Sligo Township - Sligo Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1940 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) J. J. W.

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)

23. Signature J. J. W. (M. D. or other) 5

Address Salem Mo Date signed Oct 19 1940

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

RECEIVED

District Health Officer No. 5,

District File Number. 11401132

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

H. D. Hobson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H. D. Hobson

Licensed Embalmer No. 928

P. O. Address. Salem, Me.

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.