

1 X1931

WHILE PLAINLY SEEN UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

ED MAR 19 1941

Registration District No. 689

Primary Registration District No. 8033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PIKE

(b) City or town LOUISIANA

(c) Name of hospital or institution:
SOUTH 3RD ST 1
(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) ENTIRE LIFE

8. (a) PRINT FULL NAME SPENCER DOUGLASS

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race AFRICAN 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased FEBRUARY 14 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace PIKE CO - D MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business HOUSE HOLD

MOTHER FATHER { 12. Name WILLIAM DOUGLASS

18. Birthplace PIKE CO MO
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name UNKNOWN

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

16. (a) Informant's own signature W. M. H. Smith

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 2/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reverend Cem

18. (a) Signature of funeral director W. F. Smith

(b) Address Louisiana Mo

19. (a) 2-8-1941 (b) W. F. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE

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

(d) Street No. SOUTH 3RD ST 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 14
year 1941 hour 7:00 minute _____ A. 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 apoplexy Duration _____

Due to _____

Due to \$2W

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. M. H. Smith (Coroner or other) _____
Address Louisiana Mo Date signed Feb 24 1941

RECEIVED

District Health Officer No. 10

District File Number 3-41-471

Date Filed MAR 8 1941

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.....

Harold Garner

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana, 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.