S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18142

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chum Hosp-O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 1127 N. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME MINNIE MAE McDOUGALL

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

4. Sex Female
5. Color or race N.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife XXX
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased MCH 31. 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	1	20	hr. min.

9. Birthplace Lamar, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER
12. Name Unk. Mathall
13. Birthplace Unknown (City, town, or county) a (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) a (State or foreign country)
16. (a) Informant John Cruse
(b) Address Webb City Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 23.41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem.
18. (a) Signature of funeral director Webb City Und Co.
(b) Address Webb City Mo.
19. (a) MAY 23. 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 5 p.m. minute 30 M.
21. I hereby certify that I attended the deceased from March 23, 1940 to May 21, 1941; that I last saw her alive on May 21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension and	
Due to Sclerosis arteriosa	
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? 377 (Specify type of place)
While at work? — (e) Means of injury —
23. Signature B. A. Dunhand (M. D. ~~or other~~) MD
Address Webb City, Mo Date signed 5/23-41

(Licensed Embalmer's Statement on Reverse Side)

41-6-502

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

Signed Clayton M Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.