

FILED AUG 11 1941

Registration District No. **133** Primary Registration District No. **5184** Registrar's No. **6**

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

1. PLACE OF DEATH:
 (a) County Carroll Van Horn Twp
 (b) City or town Boyard Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
 In this community 68 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Linn
 (c) City or town Boyard Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R. R. #1
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME VEHA Elizabeth Douglas
 8. (b) If veteran, name war X 8. (c) Social Security No. A

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21
 year 1941 hour 11:00 minute P. M.

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Oley Douglas 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased April 28 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1938 to July 21 1941
 that I last saw her alive on July 15 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 2 Days 23
 If less than one day hr. min.

Immediate cause of death Pt. Remiflexian
 Due to cerebral hemorrhage
 Due to 1

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

Other conditions \$2N
(Include pregnancy within 3 months of death)

10. Usual occupation Home Keeper

MOTHER FATHER
 11. Industry or business at
 12. Name Albert Easley
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Marshall
 15. Birthplace Penn.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Oley Douglas
 (b) Address Boyard Mo
 17. (a) Burial (b) Date thereof July 23 1941
(Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation Van Horn

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? _____

18. (a) Signature of funeral director E. A. Henderson
 (b) Address Boyard Mo
 19. (a) July 22 1941 (b) Jamie Henderson
(Date received local registrar) (Registrar's signature)

While at work P. Hamilton (Specify type of place) (a) Means of injury _____
 23. Signature P. Hamilton Date of cert. July 23 1941
 Address Carrollton Mo

RECEIVED
District Health Officer No. 8,
District File Number 8-9-41
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 _____

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

Signed E. A. Dickerson

Licensed Embalmer No. 2434

P. O. Address _____

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.