

SEP 15 1941
Registration District No. **218**

Primary Registration District No. **5307**

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Clarks Fork Township, Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community **All of life.** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **027**
(c) City or town **Clarks Fork Township, Rural.** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Bunceton, Mo. R.F.D.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **17th**
year **1941** hour **9** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **July 1st**
1941 to **Aug 17th** **1941**
that I last saw him alive on **Aug 17th** **1941**
and that death occurred on the date and hour stated above.
Immediate cause of death **Typhoid from** **Duchison**

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 **10**
23. Signature **W.H. Elliott** (M. D. or other)
Address **Bunceton, Mo** Date signed **Aug 19th** **1941**

3. (a) PRINT FULL NAME **Clarence T. Douglas.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 1 1885**
(Month) (Day) (Year)

8. AGE: Years **56** Months **16** Days _____ If less than one day hr. _____ min.

9. Birthplace **Cooper County, Missouri.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. Industry or business **Farming.**

MOTHER FATHER { 12. Name **William Douglas.**
13. Birthplace **Cooper County, Missouri.** **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Potter.**
15. Birthplace **Cooper County, Missouri.** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. F. Byler.**
(b) Address **Boonville, Missouri.**
17. (a) **Burial** (b) Date thereof **Aug. 18/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Walnut Grove Cem.**

18. (a) Signature of funeral director **Goodman & Bolles**
Boonville, Mo.
(b) Address
19. (a) **8-24-41** (b) **D. Cooper** **077**
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8
District File Number 9-11-41
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.....

working under my personal supervision.

....., Registered Apprentice No.....
Signed *A. J. Rolle*
Licensed Embalmer No. *3062*
P. O. Address *Boonville, Mo*

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

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