

Registration District No. 1

Primary Registration District No. 200

1. PLACE OF DEATH:

Adair

(a) County Rural  
(b) City or town  
(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 Life (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME Leroy Weston Douglas

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

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laura Ellen Douglas  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased 11 13 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Adair Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name Margaret Pryor

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

16. (a) Informant Leroy Douglas

(b) Address Nind

17. (a) Burial (b) Date thereof 9 15 41 (Month) (Day) (Year)

(c) Place: burial or cremation. Pratt Cem.

18. (a) Signature of funeral director. D. E. R. R. R.

(b) Address. J. E. R. R. R.

19. (a) Date received local registrar. Sept. 26/41 (b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13 year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 9-13-41 1941, to 9-13 1941, that I last saw him alive on 9-13 1941, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 12 hours

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 C. L. Martin (M. D. or other) D. O.

Address J. E. R. R. R. Date signed 9/24/41

RECEIVED

District Health Officer No. 10

District File Number 10-41-1890

Date Filed OCT 17 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.....

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

Signed..... DEERLEY

Licensed Embalmer No. 4181

P. O. Address Hicksville N.Y.

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.