

DEC 18 1941 328

Registration District No.

Primary Registration District No.

3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Wentworth
(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
In this community 8 mo (Specify whether years, months or days)

3. (a) PRINT FULL NAME Molly Naphis Douglas

3. (b) If veteran, name war.....
3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife William Douglas
6. (c) Age of husband or wife if alive 7 years (Month) (Day) (Year)

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 23
If less than one day hr. min.

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

10. Usual occupation House keeper

11. Industry or business

12. Name Henry Trooper

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

14. Maiden name Jennie Trooper

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

16. (a) Informant Harold Douglas

(b) Address 603 E. Harman St. Wentworth

17. (a) Burial (b) Date thereof Dec 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breaknidge mo

18. (a) Signature of funeral director H. M. F. J. ...

(b) Address Breaknidge mo

19. (a) 12-3-41 (b) Harold Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Wentworth 40
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1941 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 29, 1941, to Nov 30, 1941;
that I last saw him alive on Nov 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocarditis
Due to arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 93%

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 D

23. Signature M. A. Fuson (M. D. or other) MD

Address Wentworth Date signed 12-1-41

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

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.....

T. T. McBeek

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

working under my personal supervision.

Signed.....

T. T. McBeek

Licensed Embalmer No. *1570*

P. O. Address *Breckinridge*

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, fact should be so stated above.