

FILED MAR 3 1942

Registration District No. 1113

Primary Registration District No. 6021

Registrar's No. 3

4000

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

1. PLACE OF DEATH: **St. Francois**

(a) County: **St. Francois**

(b) City or town: **Rural Liberty**

(c) Name of hospital or institution: **His Home.**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community: **40 yrs.** (years, months or days)

3. (a) PRINT FULL NAME: **ELMER DOUGLAS**

3. (b) If veteran, name war: **no**

3. (c) Social Security No.: **no**

4. Sex: **M**

5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **Single**

6. (b) Name of husband or wife: **none**

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **Aug. 18 1866**

(Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **13**

If less than one day: _____ hr. _____ min.

9. Birthplace: **Tennessee**

(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **Owner**

12. Name: **George Douglas**

13. Birthplace: **Not Known**

(City, town, or county) (State or foreign country)

14. Maiden name: **Sarah Shirte**

15. Birthplace: **Not Known**

(City, town, or county) (State or foreign country)

16. (a) Informant: **James Douglas**

(b) Address: **Knob Lick Mo. Rt. #1**

17. (a) **Burial** (b) Date thereof: **2-2-1942**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Opposum Hollow**

18. (a) Signature of funeral director: **RICHARDSON**

(b) Address: **FARMINGTON, MO.**

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo.** (b) Country: **St. Francois**

(c) City or town: **Rural Liberty**

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

(d) Street No.: **Liberty Twp.**

(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **1st**

year **1942** hour **2** minute _____ a. M.

21. I hereby certify that I attended the deceased from **Dec. 28**

19 **41** to **Feb. 1st** 19 **42**

that I last saw him alive on **Dec. 28th** 19 **42**

and that death occurred on the date and hour stated above.

Immediate cause of death: **Gangrene of left foot**

Duration: **6 Mo.**

Due to: **Arteriosclerosis and Diabetes Mellitis**

unknown

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: **No**

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? _____

23. Signature: **L. M. Steinfeld**

(Specify type of place) (e) Means of injury: _____

(M. D. or other) **D. O.**

Address: _____ Date signed: **2/2/42**

RECEIVED

District Health Officer No. 4

District File Number 242-14

Date Filed 2-6-42

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, ^{and} by.....

Sam Najim, Jr.

Registered Apprentice No. 312

working under my personal supervision

Signed

Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Hamington, N.C.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7709

Registration District No. 11 15

Primary Registration District No. 6021

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Aural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Elmer Douglas

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 18 1875
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 1 if less than one day _____ min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

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

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 2-2-42 (b) J.A.A. Rydeen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 19 Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

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)

(b) 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..... (M. D. or other).....

Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

S-7709