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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24767

FILED AUG 12 1942
Registration District No. 547

Primary Registration District No. 3079

State File No. _____

Registrar's No. 175

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution 418 Lerron St
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Marion
(c) City or town Hannibal Mo
(d) Street No. 418 Lerron
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Roxey Douglass
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from June 5
1942 to July 7 1942
that I last saw her alive on July 7 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race Negro
6. (a) Single, widowed, married, divorced 9
(b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 10 3 1904
(Month) (Day) (Year)

Immediate cause of death: Chronic Parenchymatous Hepatitis
Due to _____
Duration _____

8. AGE: Years 37 Months 9 Days 12
If less than one day _____ hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

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

10. Usual occupation domestic
11. Industry or business _____

MOTHER FATHER
12. Name Albert Phillips
13. Birthplace Mo
14. Maiden name Kate William
15. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
1218

16. (a) Informant Kate William
(b) Address 418 Lerron

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? _____

17. (a) _____ (b) Date thereof 7 17 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial cremation _____

18. (a) Signature of funeral director G. E. Roberts
(b) Address Hannibal
19. (a) 7-22-42 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature Dr. A. W. Fox (M. D. or other)
Address Hannibal Mo Date signed July 21 1942

1146 (Licensed Embalmer's Statement on Reverse Side)

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

54
3
4

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:.....

Licensed Embalmer No.....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24767

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hammel
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Royce Douglas

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

4. Sex F 5. Color or race N 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 Oct 3 1901
(Month) (Day) (Year)

8. AGE: Years 37 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof 7-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1942 hour _____ minute _____ M.

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

Immediate cause of death _____

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 _____ (M. D. or other)
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

