DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG. 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27481

Registration District No. 160 | Primary Registration District No. 5692 | Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County: Jefferson
(b) City or town: Herculaneum (If outside city or town limits, write "RURAL" and name of township) 0
(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) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson 50
(c) City or town: Herculaneum (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Edith Douglas
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leonard Douglas
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: Aug. 6, 1888 (Month) (Day) (Year)

8. AGE: Years 53 | Months 11 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Graniteville Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

MOTHER FATHER
12. Name: Andrew Jackson LeGrande
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name: Henrietta Jinkinson
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Leonard Douglas
(b) Address: Herculaneum Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 10, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Herculaneum, Mo
18. (a) Signature of funeral director: H. Wingard
(b) Address: Festus, Mo.
19. (a) July 10, 1942 (Date received local registrar) (b) H. O. Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 10 minute 25 P.M.
21. I hereby certify that I attended the deceased from May 23, 1940 to July 7, 1942 that I last saw her alive on July 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 years
Enlarged heart	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic cholecystitis	2 yrs +

Major findings: Of operations: uterus, ovaries and tubes removed in April 1941
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury: —

23. Signature: John T. Rutledge (M. D. or other) MD
Address: Crystal City Date signed 7-8-42

1265 (Licensed Embalmer's Statement on Reverse Side)

MAR 17 1952

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 H S Ouijard

Licensed Embalmer No. 3010

P.O. Address Festus 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.

S. No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27481

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 56

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: 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 years, months or days)
In this community .....

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: Edith Douglas

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: Aug (Month) 6 (Day) 1888 (Year)

8. AGE: Years 53 | Months 11 | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

MOTHER

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

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

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

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

(b) Address .....

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw him alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration 2yr
Enlarged heart — 2yr
Due to: 9 3 6
Due to: .....

Other conditions: Chronic cholecystitis 2yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Uterus, ovaries & tubes removed
Of autopsy: In April 1944
(operation performed for fibroid uterus)
no malignancy

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....

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

SUPPLEMENTARY