

FILED OCT 10 1942

State File No. ....

Registration District No. 37

Primary Registration District No. 5117

Registrar's No. 19

1000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone Co

(b) City or town Columbia Rural 4

(c) Name of hospital or institution: Cedar T.S.I.  
(If not in hospital or institution, write street number or location)

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

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia Rural 1

(d) Street No. Cedar Town Ship  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No 0

3. (a) PRINT FULL NAME Georgia Catharine Douglas

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10<sup>th</sup>  
year 1942 hour 6<sup>10</sup> minute P M.

3. (b) If veteran, name war X

3. (c) Social Security No. X

21. I hereby certify that I attended the deceased from Jan 1941, to Sept 10, 1942  
that I last saw him alive on Sept 18, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W P Douglas 6. (c) Age of husband or wife if alive 1928 years

7. Birth date of deceased Sept 23 (Month) 1866 (Day) (Year)

Immediate cause of death Carcinoma of stomach

8. AGE: Years 75 Months 11 Days 17 If less than one day hr. min.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 46 lb

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation House Keeper

11. Industry or business

12. Name C. P. HAYNIC

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

14. Maiden name Sara Jane Lester

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

16. (a) Informant C E Douglas

(b) Address Columbia Mo R 4

17. (a) Burial (b) Date thereof Sept 13-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Cemetery

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

(b) Address Columbia Mo

19. (a) October 5, 1942 (b) Mrs. Alice Gates  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature H. B. Pryor (M. D. or other) 2

Address Crestland Mo Date signed 7-11-42

**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision:

Signed *R. Willey*  
Licensed Embalmer No. *3183*  
P. O. Address *Cherokee, Mo.*

**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.**