

S. No. 2  
M-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1517  
Registrar's No. 16

Registration District No. 27 Primary Registration District No. 5122

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia (Rural)  
(c) Name of hospital or institution: 1  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Columbia (Rural)  
(d) Street No. Columbia R.F.D. #13  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ELIZABETH DOUGLASS  
3. (b) If veteran. name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 25 year 43 hour 4 am minute

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife William Douglas 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 6-1-1893

21. I hereby certify that I attended the deceased from 11/24/43 to 11/25/43 and that death occurred on the date and hour stated above.

8. AGE: 49 Years 7 Months 24 Days

Immediate cause of death: Myocardial Infarction

9. Birthplace Ballouay Cr. Mo. 10. Usual occupation at home

Due to: 928

MOTHER FATHER  
11. Industry or business  
12. Name Rice & Key  
13. Birthplace Ballouay Cr. Mo.  
14. Maiden name unknown  
15. Birthplace 9

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

16. (a) Informant William Douglas (b) Address Columbia Mo.  
17. (a) Burial (b) Date thereof 1-28-1943  
(c) Place: burial or cremation Stephens Home  
18. (a) Signature of funeral director Stuart Parker (b) Address Columbia Missouri  
19. (a) 1-28-'43 (b) Edna H. Barber (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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature H.B. Parker (M.D. or other) 577 Parker Date signed 1/28/43

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

APR 24 11 20 1964

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**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 *Blair P. Parker*.....

Licensed Embalmer No. *2900*.....

P. O. Address *Columbia 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.**