

S. No. 2  
OM-542  
REV. 5-17-33  
1 x 8 1/2

14109

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 58

DECEASED MAY 10 1943

Registration District No. 478.92

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County... Cooper

(b) City or town... Boonville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Dr Alex VanRavensway Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 3 Weeks  
(Specify whether years, months or days)

In this community... 6 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cooper

(c) City or town... Bunceton, (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country... Native

3. (a) PRINT FULL NAME John Robert Douglass

MEDICAL CERTIFICATION 24

20. DATE OF DEATH: Month April day 24  
year 1943 hour 8 minute 9 M.

3. (b) If veteran, name war... No

3. (c) Social Security No... None

21. I hereby certify that I attended the deceased from April 24 1943  
that I last saw him alive on 4-23 1943  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased... March 21 1863  
(Month) (Day) (Year)

Immediate cause of death... Central thrombosis  
Arterio sclerosis

Duration 4/3/43

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>3</u>	hr. min.

Due to... Arterio sclerosis

Due to... Arterio sclerosis

Other conditions... Arterio sclerosis  
(Include pregnancy within 3 months of death)

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

PHYSICIAN Arterio sclerosis

Underline the cause to which death should be charged statistically.

10. Usual occupation... Farmer

11. Industry or business... Farm

MOTHER FATHER

12. Name... Martillus Douglass

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

14. Maiden name... Emeline Kerrick

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

16. (a) Informant... R. E. Douglass

(b) Address... Tipton, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof... 4-24-43  
(Month) (Day) (Year)

(c) Place: burial or cremation... Pisgah, Mo.

18. (a) Signature of funeral director... James E. Pishale  
(b) Address... Pisgah, Mo.

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... A. K. Meredith (M. D. or other) MD  
Address... Pravine Home Mo. Date signed... 4-24-43

1098

RECEIVED

District-Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed ~~4-24-43~~  
5-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>written</sup> was embalmed by me, or by me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lepton

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.