

S. No. 2  
4-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17991

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 29

1. PLACE OF DEATH:  
(a) County Howard  
(b) City or town Fayette  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
310 E. Davis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howard  
(c) City or town Fayette R. F. 10.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CORINE DOUGLASS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month April day 21 year 1943 hour 3 minute 10 M.  
21. I hereby certify that I attended the deceased from April 12 1943 to April 21 1943  
that I last saw her alive on April 20 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 3 divorced  
6. (b) Name of husband or wife Noah Douglass 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 2-25-1895  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Due to Apoplexy - left hemiplegia. April 13, 1943  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 48 Months 1 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation General housework

11. Industry or business Private, Home

12. Name Bess Coleman

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

14. Maiden name Manning Stantone

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

16. (a) Informant J. W. Mae Burris

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 4-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo.

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) 4-21-1943 (b) Conrad M. Miller  
(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 \_\_\_\_\_  
23. Signature D. L. Coffey (M. D. or other) M.D.  
Address Fayette Mo Date signed 7-22-43

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

MOTHER FATHER

1301

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

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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 *Stuart 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.**