

S. No. 2
M-513
5-1-1933
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22244**
Registrar's No. **41**

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

9
0
0

FILED JUL 14 1943

Registration District No. **297**

Primary Registration District No. **6022**

1. PLACE OF DEATH:

(a) County **Ray**
Richmond Rural
(b) City or town
(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
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
Richmond **Rural**
(c) City or town
(If outside city or town limits, write "RURAL")
3 Miles South
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT **Joel Douglas**
FULL NAME

3. (b) If veteran, **No** name war
3. (c) Social Security **No**

4. Sex **Male** 5. Color or **White** race
6. (a) Single, widowed, married, **Widow**
divorced

6. (b) Name of husband or wife **Nora Bell Douglas**
6. (c) Age of husband or wife if **24** years
alive **1862**

7. Birth date of deceased **June 24, 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 - - --hr. min.

9. Birthplace **Knoxville Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Edward Douglas**

12. Name **Knoxville Tenn.**

13. Birthplace **Mary Benton Tenn.**

14. Maiden name **Knoxville Tenn.**

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

16. (a) Informant **Richmond Mo.**

(b) Address **Burial**

17. (a) (Burial, cremation, or removal) (b) Date thereof **June 26, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sonnyslope**

18. (a) Signature of funeral director.....
(b) Address **Richmond Mo.**

19. (a) **June 25-43** (b) **Mrs. Chas. W. Sheppard**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1943** hour **1** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **June 24, 1943**
that I last saw **live on June 24, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**
arterio-sclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) **83a**

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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) Means of injury.....

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

Address **Richmond Mo**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-13-43

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, ###

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

Signed *E. H. ...*

Licensed Embalmer No. 2073

P. O. Address Richmond 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.