

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25046

State File No.

Registrar's No. 138

FILED AUG 9 1943
Registration District No. 137

Primary Registration District No. 4214

1. PLACE OF DEATH:

(a) County. HENRY
(b) City or town. Deepwater, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT

FULL NAME Marten Arnold Douglass

3. (b) If veteran,

name war.

3. (c) Social Security

No. 496-05-0737

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced
(b) Name of husband or wife Lillian E Douglass 6. (c) Age of husband or wife if 42 years
7. Birth date of deceased. JAN 19 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 5 12 hr. min.

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

10. Usual occupation Insurance agent

11. Industry or business

12. Name Jahn Arnold Douglass

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

14. Maiden name Effie May Hillegas

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

16. (a) Informant Lillian E Douglass

(b) Address Deepwater Mo

17. (a) Burial (b) Date thereof. 7-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisy City Cemetery

18. (a) Signature of funeral director Paul H. Hest

(b) Address Deepwater Mo

19. (a) July 2, 1943 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY
(c) City or town Deepwater Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 12 AM minute. M.

21. I hereby certify that I attended the deceased from June 30
1943 to July 15 1943
that I last saw him alive on June 30 and that death occurred on the date and hour stated above.

Immediate cause of death.

Cardiac Embolism
Due to Over HLT (Hypertension)
Arteriosclerotic Vascular

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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 J. F. Russell (M. D. or other)

Address Deepwater Date signed 7/1/43

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

7-43-803
8-6-43

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

Signed

Tom Hurst

Licensed Embalmer No.

2782

P. O. Address

Deerpark, 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.