

38686

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 8 1943

Registration District No. 20

Primary Registration District No. 3043

Registrar's No. 328

1. PLACE OF DEATH:

(a) County Merion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
LEVERING Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 W
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM F. DOUSE

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

4. Sex MALE 5. Color or Grace White 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Nov 21 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 5 8 hr. min.9. Birthplace PENN
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business

12. Name John Douse
 13. Birthplace PENN
 (City, town, or county) (State or foreign country)
 14. Maiden name C. E. Winkler
 15. Birthplace PENN
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Douse
(b) Address Hannibal RA #217. (a) Burial (b) Date thereof 11-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ST Mary Cemetery18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo19. (a) Nov 1-43 (b) R. J. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Merion
 (c) City or town Hannibal RA #2
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1943 hour _____ minute 64 P M.21. I hereby certify that I attended the deceased from Oct - 27 1943 to Oct - 30 1943
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.Immediate cause of death Sepsis
Duration 5 daysDue to Ca of Prostate gland
Calculus metastasis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: as above
Of operations H&E?
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury 023. Signature W. J. Connor (M. D. or other) _____
Address Hannibal Mo Date Nov 1-43

1165 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DEC 7 1949

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..... *Michael J. O'Donnell*

Licensed Embalmer No. *3246*

P. O. Address..... *Haverhill Mass*

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.