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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10973

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 255

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1706 W. Walnut / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")

(d) Street No. 1706 W. Walnut 5 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lillias Douglas

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William Douglas

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

7. Birth date of deceased March (Month) 10, (Day) 1861 (Year)

8. AGE: Years 83 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Perth, (City, town, or county) Scotland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Thomas Robertson
13. Birthplace Unknown (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Janet McIntosh
15. Birthplace Unknown (City, town, or county) Scotland 4 (State or foreign country)

16. (a) Informant Mrs. Alice McDonald

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 3-20-44 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th, year 1944 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from March 1st, 1944 to March 17, 1944; that I last saw her alive on March 17, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia secondary to	4 days
Due to Renal stones with Ch. pyelitis	15 yr.
Due to	
Other conditions Carcinoma of breast (Include pregnancy within 3 months of death)	2 yr.

Major findings:
Of operations 50
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 0

23. Signature Guy D Callaway (M. D. or other) MD

Address Springfield Mo Date signed 3/20/44

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(Licensed Embalmer's Statement on Reverse Side)

APR 12 1944

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 Lewis G. Schaff

Licensed Embalmer No. 3803

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.