

WRITE MAINLY IN UNFADING BLACK INK - MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 12 1944 7  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3057

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

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

In this community 44 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ray

(c) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. East Black Diamond.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME JOHN H. DOUGLAS

3. (b) If veteran, name war No

3. (c) Social Security No. 496-24-1353

4. Sex Male

5. Color or race Black

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased Dec. 7 th. 1872.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Common Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name John Douglas Sr.

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

14. Maiden name Emelin Jackson

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

16. (a) Informant Estes Douglas

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 5-19-44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond, Mo.

19. (a) 5-18-44 (b) Mr. Charles Steggs  
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1944. hour 10 minute 8 M.

21. I hereby certify that I attended the deceased from 5-14-44 19. to 5-16-44 19. ;  
that I last saw him alive on \_\_\_\_\_ 19. ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Nephritis ?  
(Include pregnancy within 3 months of death)

Major findings: 1318 PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature Thos J Coody (M. D. & K. E. R.)  
Address Richmond, Mo. Date signed 5-17-44

RECEIVED

Metrol Health Officer **TSB 8**

District File Number

Date Filed

**6-10-44**

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.....

**J.B. Brothers**

Registered Apprentice No.....

working under my personal supervision.

**Brothers Funeral Home**

Signed.....

Licensed Embalmer No. **3000**

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.