

24444

S. No. 2
M-542
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 17 1944

Registration District No. _____

Primary Registration District No. 4136

Registrar's No. 32-23

1. PLACE OF DEATH

(a) County Clinton
(b) City or town Plattaburg
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Plattaburg 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Douthitt

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Nov. 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>31</u>	hr. _____ min. _____

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

10. Usual occupation Painter Paperhanger

11. Industry or business _____

12. Name James Douthitt

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Clark 9

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

16. (a) Informant Julia Zoffel
(b) Address 5615 Laddie Ave St Louis, Mo

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

(c) Place: burial or cremation Plattaburg
(d) Signature of funeral director Lyon Funeral Home
(e) Address Plattaburg

19. (a) 7-29-44 (b) Ma J. C. Hartel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 1944
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 24 1944 to July 26 1944
that I last saw him alive on July 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of the heart
and myocardial infarction
Due to _____
Duration _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 R. M. Steckman (M. D. or other) MD
Address Plattaburg Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

94a

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

7530

1083

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 F. G. Lyon.....

Licensed Embalmer No. 952

P. O. Address Stewartsville, Md.

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.