DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25898

Registration District No. 339 Primary Registration District No. 6150 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural New Lisbon
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Rural New Lisbon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Al Doublin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year) 1866

8. AGE: Years	Months	Days	If less than one day
78	-	-	hr. min.

9. Birthplace Mayfield (City, town, or county) Ky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Doublin
13. Birthplace Mayfield (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Lizzie Cook
15. Birthplace Mayfield (City, town, or county) Ky (State or foreign country)
16. (a) Informant's own signature Tom Doublin
(b) Address Puxico, Mo, R 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Gagan Cemetery
18. (a) Signature of funeral director Floyd Morgan
(b) Address Puxico Mo
19. (a) 7-5-1944 (Date received local registrar) (b) J. W. Steinmeier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1944 hour 10 minute a M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute heart attack	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 June 26 - 1944
(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

23. Signature Pus Hearns Actg Coroner
Address Bloomfield, Mo. Date signed 6-26-44

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

Rev. 5-17-39 1 X19511

RECEIVED
District Health Office No. 2,
District File Number 144-1097
Date Filed 8-9-44

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Floyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Adrian 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, above space should be left blank.