

FILED OCT 12 1944  
Registration District No. ....

Primary Registration District No. 42-58 5615

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina rural - (center) +  
(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)  
Life

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Edina 0  
(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 \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Oscar Frisby Douglass

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 married

6. (b) Name of husband or wife Martha Cordelia

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec - 19 - 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name John H. Douglass

13. Birthplace Harrison Co., Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Swann

15. Birthplace Knox Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Douglass

(b) Address Edina, Mo.

17. (a) Burial (b) Date thereof Sept - 14 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linville, Edina, Mo.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Missouri

19. (a) 9-19-44 (b) Nelle Northcutt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
year 1944 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan  
Just 1940 to Sept 12, 1944  
that I last saw him alive on Sept 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Hypertension

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 \_\_\_\_\_

Signature W. E. Linnam (M. D. brother) \_\_\_\_\_  
Address Edina Mo Date signed Sept 14 1944

Duration

4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

52  
00

RECEIVED

District Health Officer No. 10

District File Number 10-44-1947

Date Filed OCT. 11 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

**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.