

FILED DEC 21 1944

Registration District No. **18**

Primary Registration District No. **3002**

Registrar's No. **165**

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Orpha May Douglas

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (e) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 20, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 18
If less than one day
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Mullins

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

14. Maiden name Elizabeth Oetzel

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

16. (a) Informant Earl M. Douglas

(b) Address Benton City, Mo.

17. (a) Burial (b) Date thereof Dec. 10, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unity Cemetery

(a) Signature of funeral director Paul E. Burt

(b) Address Mexico, Mo.

19. (a) Dec 9-1944 (b) Margaret K Machie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. R. F. D. Benton City
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 8, 1944 to Dec 8, 1944
that I last saw her alive on Dec 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis

Due to Hypertension

Other conditions 83d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Francis J. Kelly (M. D. or other) M.D.
Address Mexico Mo. Date signed 2/9/44

-112
1/15/44

DEC 15 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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.