

No. 2
B-43
17-39
X37823

State File No.

FILED FEB 9 1945
Registration District No. 9 797

Primary Registration District No. 3 0 2 3

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Henry
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWENS Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4
(Specify whether years, months or days) 1 Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 204 So Franklin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME

ANNA Belle Douglas

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

4. Sex Fe 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
7. Birth date of deceased 4 - 19 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business ✓

MOTHER FATHER
12. Name James Douglas
13. Birthplace Windsor Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary McPherson
15. Birthplace Windsor Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Etha Starks
(b) Address Windsor Mo

17. (a) Burial (b) Date thereof 1-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Laurel

18. (a) Signature of funeral director Fred Wilkerson
(b) Address Clinton Mo

19. (a) January 20, 1945 Georgia Kitchener
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19
year 1945 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from 1-13 1945 to 1-18 1945
that I last saw her alive on 1-13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Chronic
Duration

Due to 106

Due to 106

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 _____
(c) Where did injury occur? _____
(City or town) (County) (State)
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 E. P. Peeler (M. D. or other) MD
Address Clinton Mo Date signed 1-19-45

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

1-45-69
2-8-45

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..... *Fred M. Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address..... *Clinton M*

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.