

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16152

State File No. _____

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Paris
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
502 E. McPherson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Adair
(c) City or town Paris
(If outside city or town limits, write "RURAL")
(d) Street No. 502 E. McPherson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EMMA Johnston MacDougall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1945 hour 2:30 minute 30 P M.

21. I hereby certify that I attended the deceased from 35 to April 21, 1945
that I last saw her alive on April 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute gastric hemorrhage Duration 3 days
Due to large ulcer on lesser curvature of stomach years

Other conditions anemic fabulation months
(Include pregnancy within 3 months of death)

Major findings: Of operations 170 Of autopsy 170 Underline the cause to which death should be charged statistically.
Large indurated area on lesser curvature of St. with ulcer

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?

(Specify type of place) While at work? (e) Means of injury _____
23. Signature Edm. C. Plume (M. D. or other) DO
Address Parisville, MO Date signed 4/23/45

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

6. (b) Name of husband or wife A. W. MacDougall 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug 24 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Chas F Johnston

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Frances Sullivan

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Mae Cl Henderson

(b) Address Parisville MO

17. (a) burial (b) Date thereof 4-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Samuel J. Wagoner

(b) Address Parisville MO

19. (a) 5-18-45 (b) Mac J. Wagoner
(Date received local registrar) (Registrar's signature)

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

1049

JUL 30 1958

MAY 23 1945

RECEIVED

District Health Officer No. 10

District File Number 5-45-872

Date Filed MAY 23 1945

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.....

P O Fenton

Licensed Embalmer No. 3705

P. O. Address Jonestown 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.