

**FILED NOV 13 1945 STANDARD CERTIFICATE OF DEATH**

33724

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 891

**1. PLACE OF DEATH:**

(a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether  
 In this community                       
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 731 E. Page  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country                     

**3. (a) PRINT FULL NAME** ORIN JACKSON DOUGLASS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Ida Douglass 6. (c) Age of husband or wife if alive UNK. years  
 7. Birth date of deceased September 20, 1879  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 10 If less than one day  
hr. min.

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

10. Usual occupation Salesman

11. Industry or business McGregor Hardware Company

MOTHER FATHER

12. Name William O. Douglas

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ida Douglass  
 (b) Address 731 E. Page, SPED., MO.

17. (a) Burial (b) Date thereof 11/1/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(Specify type of place)

(b) Address 534 St. Louis Street, SPED., MO.

19. (a) 11-1-45 (b) B. W. Handy  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 30  
 year 1945 hour 6: minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 28 to Oct 30, 1945  
 that I last saw him alive on Oct 30, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
 Duration                     

Due to                       
 Due to                     

Other conditions: Chronic Dysentery  
(Include pregnancy, within 3 months of death)  
(Cause Unknown)

Major findings:                       
 Of operations                     

Of autopsy                       
 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?

(Specify type of place)                       
 (e) Manner of injury                     

23. Signature                      (M. D. or other) MD  
 Address Springfield, Mo. Date signed 11-1-45

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

FEB 27 1946

**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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.**