

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUL 20 1946

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson County**

(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether _____)

In this community **11 days**
years, months or days)

3. (a) PRINT FULL NAME **ARCHIE DOUTHIT**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **unknown**

4. Sex **male** **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 **8-30-1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	9	8	_____ hr. _____ min.

9. Birthplace **Lafayette Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business _____

MOTHER FATHER

12. Name **Wm. F. Douthit**

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

14. Maiden name **Louellen Grummond**

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

16. (a) Informant **Claud Douthit**
(b) Address **Odessa, Mo.**

17. (a) Removal **June 8 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Odessa Mo.**

18. (a) Signature of funeral director **Hyman Sachs**
(b) Address **Odessa Mo.**

19. (a) **6-8-46** **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette** **59**

(c) City or town **Rural Odessa** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No) **1**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **8**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **5-29**
7 **1946** to **6-8** **1946**
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Brain Tumor (glioma)**

Due to **Paraneoplastic Pt. malignant**

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____ **546**

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? _____

While at work? _____ (Specify type of place) _____

(e) Means of injury _____ **0**

23. Signature **J. A. Carrichael** (M. D. or other) _____
H. C. Mo. Date signed _____

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.....

W. J. Sparks....., Registered Apprentice No. 385
working under my personal supervision.

Signed Irving L. Husman.....

Licensed Embalmer No. 2541.....

P. O. Address Odessa, 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.