

FILED JUL 8 1946

Registration District No. 22

Primary Registration District No. 6136

Registrar's No.

1. PLACE OF DEATH:

(a) County SHANNON

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs (Specify whether years, months or days)

In this community 3 hrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SHANNON

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

(d) Street No. 6 MI. S.E. SUMMERSVILLE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DONALD DEAN DOUGLAS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased APRIL 20 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name TRUMAN FRANKLIN DOUGLAS

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

14. Maiden name PEGGY LAUCHE NETTLES

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

16. (a) Informant TRUMAN DOUGLAS

(b) Address SUMMERSVILLE

17. (a) BURIAL (b) Date thereof APRIL 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUMMERSVILLE

18. (a) Signature of funeral director None

(b) Address _____

19. (a) 7-22-46 (b) makel Rellin's
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 20
year 1946 hour 7 minute 4 A.M.

21. I hereby certify that I attended the deceased from 4 A.M.
1946 to 5 A.M. 1946

that I last saw him alive on APRIL 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURE BIRTH

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 159

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 2

23. Signature Dr. Lawrence Knight (M. D. or other) D.O.
Address Summersville Date signed April 20

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

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.

Not embalmed
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 336

Primary Registration District No. 6136

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Donald D. Douglas
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased April _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ (Less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-22-46 (b) Michael Reelin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

PHYSICIAN

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 _____

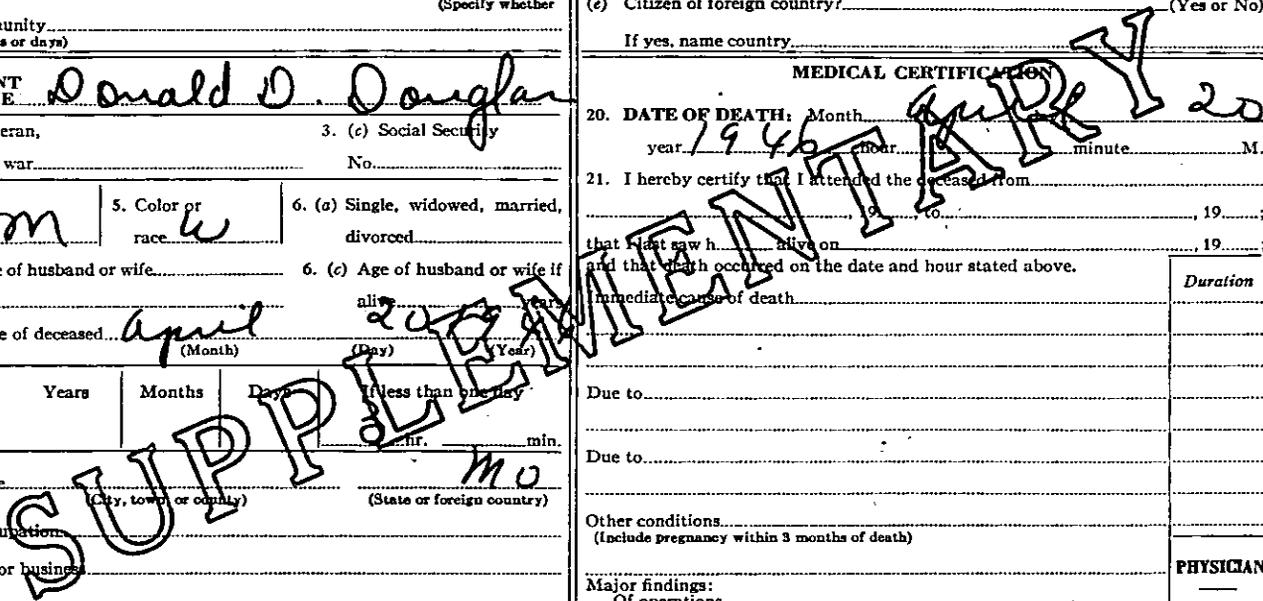
(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____



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

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