

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23422**

Registration District No. **137** Primary Registration District No. **4218** Registrar's No. **139**

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Windsor**

(c) Name of hospital or institution: **Community Hospital**

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

(d) Length of stay: In hospital or institution **2 weeks**

In this community **5 years**

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Windsor**

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

(d) Street No. **--**

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **John T. Douglas**

3. (b) If veteran, name war

3. (c) Social Security No. **559-03-6341**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marie Roe**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **June 29, 1891**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	0	hr. min.

9. Birthplace **Windsor, Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation **Meat Cutter (Butcher)**

Meat Market

11. Industry or business

12. Name **Thomas B. Douglas**

13. Birthplace **Windsor, Missouri**

(City, town, or county) (State or foreign country)

14. Maiden name **Henrietta Anderson**

15. Birthplace **Cooper County, Mo.**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Douglas**

(b) Address **Windsor, Missouri**

17. (a) **burial** (b) Date thereof **July 1, '46**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director: **Huston Turner**

(b) Address **Windsor, Mo.**

19. (a) **7-10-1944** (b) **R. M. Wessley**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29** year **1946** hour **11 a.m.** minute **--** M.

21. I hereby certify that I attended the deceased from **6-15-46** to **6-29-1946**

that I last saw him alive on **6-29-1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** Duration **2 days**

Due to **Post operative appendix** **15 days**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12:2**

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)

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

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

23. Signature **Ray B. Jordan** (M. D. or other)

Address **Windsor Mo** Date signed **6-29-46**

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

AUG 1 1946
JUL 24 1946

DEC 17 1950

Dist. No. 7
6-46-738
Date Filed 7-17-46

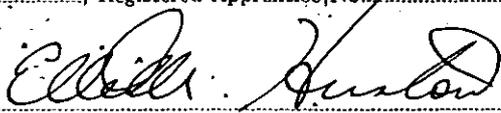
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.

3391

P. O. Address.....

Windsor, 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.