

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **41452**FILED JAN 7 1947  
Registration District No. **4361**Primary Registration District No. **4361**Registrar's No. **20**

## 1. PLACE OF DEATH:

- (a) County **New Madrid**  
(b) City or town **Canalou**  
(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 **4 years**  
years, months or days

3. (a) PRINT  
FULL NAME**Sarah Jane Douglas**

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M** /  
6. (b) Name of husband or wife **James L. Douglas** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **4** **4** **1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**62** **7** **28** hr. min.

9. Birthplace **Joplin** **Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

## 11. Industry or business \_\_\_\_\_

- MOTHER FATHER { 12. Name **William Edward Goodgich** 9  
13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **James L. Douglas**  
(b) Address **Canalou, Mo.**  
17. (a) **Burial** (b) Date thereof **12/4/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **H. W. Albritten**  
(b) Address **Sikeston, Mo.**  
19. (a) **Dec 31 - 1946** (b) **Thomas Shetter**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **New Madrid** 7  
(c) City or town **Canalou**  
(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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **2**  
year **1946** hour **12** minute **50am**

21. I hereby certify that I attended the deceased from **12-2**  
19**46** to **12-2** 19**46**  
that I last saw him alive on **12-2** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Coronary thrombosis**

Duration

**1 day**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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 **Morehouse M.D.** (M. D. or other) **0**

Address **Morehouse Mo.** Date signed **12-4-46**

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**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.....

*John Chitterson*

Licensed Embalmer No. *2941*

P. O. Address *Septon*

**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.**