

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 20 1947
 Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town GRANDVIEW
 (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 4 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Grandview, Mo.
 (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 LUELLA DOUGLAS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Douglas
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Sept. 26, 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 16 hr. min.

9. Birthplace Jackson Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Louis Theobald

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

14. Maiden name Carrie Klump

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

16. (a) Informant George Douglas

(b) Address Grandview, Mo.

17. (a) Burial (b) Date thereof 1/4/'47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K. C. Mo. Mt. MORIAH

18. (a) Signature of funeral director C. K. Seeger Sons

(b) Address Grandview, Mo.

19. (a) Jan 6-47 (b) Dr. Anne B. Hedger
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2nd
 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to Jan 2, 1947
 that I last saw her alive on Jan 1, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis 12 hrs
 Due to Arterio Sclerosis years
 Due to Hypertension years
 Other conditions (Include pregnancy within 6 months of death)
94P

Duration
 years
 years
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations
 Of autopsy 94P

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 Chas. B. Rader (M. D. or other) M.D.
 Address Martin City Mo Date signed 1-3-47

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

MOTHER FATHER

APR 26 1957

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 Richard E. George
Licensed Embalmer No. 3958
P. O. Address Belton, 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.