

V. S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 6 1947

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 152

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Leadwood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Leadwood, Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 30 years

3. (a) PRINT FULL NAME William Henry Douglas

3. (b) If veteran, name war No

3. (c) Social Security No. 493-03-9588

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Lillie Mae Douglas

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 13 1884  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Willow Spring Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business St. Joseph Lead Co.

12. Name Orange M. Douglas

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

14. Maiden name Garry Jane Ball

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

16. (a) Informant Lillie Mae Douglas

(b) Address Leadwood, Missouri

17. (a) Burial (b) Date thereof Apr. 22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leadwood, Missouri

18. (a) Signature of funeral director John W. Boyer & Son

(b) Address Leadwood, Mo.

19. (a) 4-29-47 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature) (City)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 11  
1947 to April 19 1947  
that I last saw him alive on April 19 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion 15 Min

lobar pneumonia 8 days

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 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 John W. Boyer & Son (M. D. or other) M.D.  
Address Leadwood Mo Date signed 4/24/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

94  
0  
3

4101

RECEIVED

District Health Officer No. 4  
District File Number 547-627  
Date Filed 5-5-47

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 Bert L. Boyer  
Licensed Embalmer No. 3448  
P. O. Address Leadwood 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.