S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16711

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 182

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: State Hospital #1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 835 GRAND 2
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Alta O. Douglass

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter B. Douglass

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. (Month) 16 (Day) 1886 (Year)

8. AGE: Years 60 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Attendant State

11. Industry or business Hospital

FATHER
12. Name Charles A. Brown
13. Birthplace CALLAWAY Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Albina Brown
15. Birthplace CALLAWAY Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant W. B. Douglass
(b) Address Fulton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) May 13, 1947 (Date received local registrar) (b) Josie Morsuckhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/17 1947 to 5/11 1947 that I last saw her alive on 5/11 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rt. cerebral Hemorrhage with left sided Hemiplegia arteriosclerosis	since 3/17/47
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

83A

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

23. Signature Henry Dunst (M. D. or other) M.D.
Address Fulton, Mo. Date signed 5/13/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-19-47

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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.