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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 6 1948

Registration District No. 283

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 44746

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 51 days (Specify whether
In this community 51 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Missouri (b) County Boone 2

(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 316 Oak St.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lewis Douglass

3. (b) If veteran, name war No

3. (c) Social Security No. 430-07-0489

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Willa Douglass

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan (Month) 18 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	2	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Ruben Douglass
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Log Providence Mo

18. (a) Signature of funeral director Stuart R. Parker

(b) Address 10 N. 4th St. Columbia Mo

19. (a) 7/17/48 (Date received local registrar) (b) D R Philbrick (Registrar's signature) 154

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th year 1947 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from Oct. 25, 1947, to Dec. 16, 1947 that I last saw him alive on Dec. 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary Tuberculosis	Abt. 1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13B
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature Y. Fred Fujikawa (M. D. or other) MD
Y. Fred Fujikawa, M. D.
Address Mount Vernon, Mo Date signed 12-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-367
Date Filed MAR 31 1948

APR 6 1948

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 will be.
....., Registered Apprentice No.....
working under my personal supervision.

Signed Steph P. Parker

Licensed Embalmer No. 29 00

P. O. Address Belmont Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.