FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7580

FILED MAR 4 1948

Registration District No. 3480

Primary Registration District No. 3076

Registrar's No. 46

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 402 S. Chesnut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community not long
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Johnson
(c) City or town Harrisonville, 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 Joseph Burton Douglas
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Douglas
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May 5, 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Kingsville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Dentist
11. Industry or business
FATHER
12. Name James Douglas
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Gertrude Douglas
(b) Address Nevada, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville Mo.
18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada, Mo.
19. (a) 2-28-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 331

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27 year 48 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 21 Feb 1948 to 28 Feb 1948 that I last saw him alive on 26 Feb 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure, Chr.	1 week
Due to: Generalized arteriosclerosis	
Bronchial asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 P

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

23. Signature Roy W. Francis (M. D. or other) MW
Address Nevada Date signed 28 Feb 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 2-48-183
Date Filed 3-3-48

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 Mark Eichinger
Licensed Embalmer No. 2656
P. O. Address Nevada, 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.