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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20594

State File No. _____

FILED JUN 29 1948

Registration District No. 376

Primary Registration District No. 6070

Registrar's No. 195

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Rural Liberty
(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 _____ (Specify whether _____)
In this community 80 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

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

(d) Street No. Knob Lick, Mo., R.R. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Jerry Douglas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 7:50 minute _____ A. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec. 24 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 17
1948 to June 20, 1948

that I last saw him alive on June 17, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 5 26 hr. _____ min.

Immediate cause of death Bacterial Pneumonia 4 days
Duration

9. Birthplace: unknown Tennessee
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name George Douglas

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

14. Maiden name Sarah Jane Shirts

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

Major findings: Of operations _____

Of autopsy no

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

16. (a) Informant James Douglas

(b) Address Knob Lick, Mo., R.R. 1

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? _____

17. (a) burial (b) Date thereof 6/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Possum Hollow Cemetery

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

While at work? _____ (Specify type of place) (c) Means of injury 9

19. (a) 6-22-48 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other)
Farminington Mo Date signed 6/21/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 648-82
Date Filed 6-28-48

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 Paul D. Dyer
Licensed Embalmer No. 4120
P. O. Address Hampton 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.