No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28914

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 979

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community Se6-.Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County Montgomery 11
(c) City or town Hillsboro
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME Robert K. Douglas
3. (b) If veteran, name war no
3. (c) Social Security No. 321-24-9450
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 May 26, 1928 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	20	3	17	hr. min.

9. Birthplace Hillsboro Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business St. Louis University
FATHER
12. Name Dr. Turner Douglas
13. Birthplace Hillboro Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Krummel
15. Birthplace Donnellson Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Bass Funeral Home
(b) Address Hillsboro Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union, St. Joseph Mo.
19. (a) 9-17-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 34 1 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13
year 1948 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from 9-8, 1948, to 9-13, 1948
that I last saw him alive on 9-13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) accident 13
(b) Date of occurrence 9-8-48
(c) Where did injury occur? Hamilton (City or town) (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway (Specify type of place)
While at work? No (e) Means of injury auto accident

23. Signature John R Forgrave (M. D. or other) 0
Address 420 N. 8th St. Date signed 9-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

AUG 15 1951

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.