

FILED APR 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8875

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>SOUTH DAKOTA</u> b. COUNTY <u>MEADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> (township) <u>1</u> c. LENGTH OF STAY (In this place) <u>1 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STURGIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>	b. (Middle)	c. (Last) <u>Douglass</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 19, 1862</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Days <u>8</u>	11. UNDER 24 HRS. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ipava, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Daniel David</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>E.E. Douglass (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. J.E. Douglass</u>	ADDRESS <u>Webb City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 1/2 IX</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-24, 1949, to 2-25, 1949, that I last saw the deceased alive on 3-24, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Douglass</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Frisco Bldg, Joplin Mo.</u>	23c. DATE SIGNED <u>3/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 26, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Earth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Earth, Minn.</u>
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DATE REC'D BY LOCAL REG. <u>MCH 26; 1949</u>	REGISTRAR'S SIGNATURE <u>J. E. Douglass</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Douglass</u>	ADDRESS <u>Johnston-Arce-Simpson, Webb City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

