

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36676

State File No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laverie Co 31</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cameron</u> / <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>114 W Prairie St</u>		d. STREET ADDRESS (If rural, give location) <u>Winston Mo</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u> b. (Middle) <u>Warner</u> c. (Last) <u>Douglas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>22</u> <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb-11-1856</u>
9. AGE (In years last birthday) <u>93</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Salesburg Ill</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Nels Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Elvia Munson</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm Douglas</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max Fred Wainer</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia of unknown</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>2-1-48</u> , 19 <u>48</u> , to <u>11-2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-2-49</u> , 19 <u>49</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>R E Munson MD</u>		23b. ADDRESS <u>Cameron Mo</u>	
23c. DATE SIGNED <u>11-24-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alexis Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Alexis Ill.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Winfred W. Moser</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>390</u>		ADDRESS <u>Poland Funeral Home Cameron</u>	

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

MAY 3 1955



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

Robert Poland

Student Embalmer No. *318*

working under my personal supervision.

Signed *Robert Poland*
Student Embalmer

Signed *George A. Trammel*

Licensed Embalmer No. *4425*

P. O. Address *226 West 4th*
Cameron, Missouri

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.