

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43306

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5743

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>30 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L68 Tracy</u>		e. STREET ADDRESS (If rural, give location) <u>3 L68 Tracy 2038</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Douglas</u>	DATE OF DEATH (Month) (Day) (Year) <u>12-30-55</u>
-------------------------------------	---------------------------	-----------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 3, 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Vending Machinery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mount Lake, New Jersey</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Wm. W. Douglas Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Burrus</u>	14. NAME OF HUSBAND OR WIFE <u>Eleanor Douglas</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Sp. Am. War 186-26-1060A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Douglas</u>	ADDRESS <u>168 Tracy K.C. Mo.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular Heart Disease</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Encephalomalacia Hypertrophy of prostate</u>		<u>4214</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) (Min.)	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 1939, to Dec 30, 1955, that I last saw the deceased alive on 12-30, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Jansen</u> (Degree or title) <input type="checkbox"/>	23b. ADDRESS <u>100 E. 63rd</u>	23c. DATE SIGNED <u>12-31-55</u>
--	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-1-56</u>	REGISTRAR'S SIGNATURE <u>Helen Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>	ADDRESS <u>K.C., Mo.</u>
--	---	---	--------------------------

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

FEB 21 1930

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James E. Hackler*

Licensed Embalmer No. 457

P. O. Address *H. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.