

S. No. 2  
M-8-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 6 1944  
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30989  
Registrar's No. 143

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Funeral  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Lawson  
(c) City or town Greene  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LARRY W. WADE, DOUGLAS  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 6 year 1944 hour 11:00 minute \_\_\_\_\_ P. 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 \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Sept 5, 1944 to Sept 6, 1944  
that I last saw him alive on Sept 6, 1944  
and that death occurred on the date and hour stated above.

7. Birth date of deceased 9 (Month) 5 (Day) 1944 (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day 6 hr. \_\_\_\_\_ min.

Immediate cause of death  
Premature twin of 7 months. Weighting 3 lbs. Cause of death was probably a birth injury as he had  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Clinton (City, town, or county) mo (State or foreign country)  
10. Usual occupation \_\_\_\_\_

Other conditions (Include pregnancy, if applicable) \_\_\_\_\_  
Major findings of operations which within oxygen tent  
Of autopsy 159

MOTHER FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name Glenn W. Douglas  
13. Birthplace Missouri (City, town, or county) mo (State or foreign country)  
14. Maiden name Flossie B. Heller  
15. Birthplace Creighton (City, town, or county) mo (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Glenn W. Douglas  
(b) Address Creighton  
17. (a) Funeral (b) Date thereof 9-7-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Funeral  
18. (a) Signature of funeral director Conradus + Pech  
(b) Address Clinton  
19. (a) September 7, 1944 (Date received local registrar) Georgia Kitchener (Registrar's signature) DX

23. Signature W. P. Halling (Specify type of place) Funeral (e) Means of injury \_\_\_\_\_  
Address Clinton Date signed 9/7/44

1069

(Licensed Embalmer's Statement on Reverse Side)

District Officer No. 74

District File Number 9-44-1086

Date Filed 10-4-44

**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.

not Embalmed

Signed R. R. Henry

Licensed Embalmer No. 3099

P. O. Address Clinton 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.**