

S. No. 2
 00M-5-43
 Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13267
 Registrar's No. 108

FILED MAY 6, 1947

Registration District No. 31947 Primary Registration District No. 4218

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

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 108 Community Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 35 years

3. (a) PRINT FULL NAME Mrs. Agnes Delia Douglas
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pines Douglas 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased June 27 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John P Grogan

13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Delia Condon

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Pines Douglas
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 5-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner
 (b) Address Windsor, Missouri

19. (a) 5-3-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Windsor
(If outside city or town limits, write "RURAL")
 (d) Street No. 108 S. Franklin
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
 year 1947 hour 12:15 A Minute _____ M. _____

21. I hereby certify that I attended the deceased from 4-1
 1947 to 4-30 1947
 that I last saw her alive on 4-30 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
 Duration 6 hrs

Due to _____
 Due to _____

Other conditions C
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 95
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Ray S Jordan (M. D. or other) _____
 Address Windsor, Mo Date signed 5-1-47

RECEIVED
District Health Officer No. 7,
District File Number: 4-47-53
Date Filed: 4-25-47

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.....

William M. Turner....., Registered Apprentice No. *470*,
working under my personal supervision.

Signed *Edwin Kueland*.....
Licensed Embalmer No. *3391*
P. O. Address *Windsor, Ma*

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.