

REC'D OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30905**
3468
Registrar's No. _____

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3911 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **57 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Chalmers Burns Douglass**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Eunice Douglass** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Sept. 23 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	11	10	hr. min.

9: Birthplace **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Grocery**

MOTHER FATHER { 12. Name **Woodrow Douglass**

13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Lawton**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eunice Douglass**

(b) Address **3911 Wabash**

17. (a) **burial** (b) Date thereof **9/5/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **R. V. Lindsey & Sons**

(b) Address **3811 Broadway**

19. (a) **Sept. 4, 1940** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3911 Wabash**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **3rd**
year **1940** hour **3** minute **45 AM** M.

21. I hereby certify that I attended the deceased from **Jan. -**
1940, to **Sept. 3, 1940**,
that I last saw him alive on **Sept. 1, 1940**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **General debilitation**

Due to **Carcinoma of Ro - 1 yr**
Jan -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **45**
Of autopsy **no**

Duration **1 week**
PHYSICIAN - 45
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?
361 While at work? (Specify type of place) (e) Means of injury **1**

23. Signature **Lois H. Wyatt** (M. D. or other)
Address **3850 Prospect** Date signed _____

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

R. C. H. Wyatt
3850 Prospect
4-6

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.

Signed Roscoe Wheeler
Licensed Embalmer No. 3738
P. O. Address 120 W. 1st St.

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, above space should be left blank.