

MAR 19 1941

Registration District No. 827

Primary Registration District No. 4500

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(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)

3. (a) PRINT FULL NAME Kenneth William Douglas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 30 - 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 X 6 hr. min.

9. Birthplace Clarence Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Kenneth R Douglas
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alana D Davis
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Geneth Douglas
(b) Address Clayton Mo

17. (a) Clayton (b) Date thereof 3-7-41
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation Clayton Mo

18. (a) Signature of funeral director B. Hopper

(b) Address Clayton Mo

19. (a) 4/10/1941 (b) Ray Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Clayton 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Umbilical Hernia

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 172W

Major findings: Of operations _____
Of autopsy _____

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 work) _____
(a) Manner of injury _____

23. Signature Frank H. Ray (M. D. or other) MD
Address Clayton Mo Date signed 4/10/41

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-544

Date Filed MAR 10 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.