No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 21 1941

State File No. 11816

Registration District No. 743 Primary Registration District No. 4445 Registrar's No. 11

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 89 0
(c) City or town Orrick (If outside city or town limits, write "RURAL") 0
(d) Street No. none (If rural, give location)
(e) If foreign born, how long in U. S. A.? American years.

3. (a) PRINT FULL NAME ALEXANDER DOUGLAS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) ~~Single~~, widowed, married, divorced Widower
6. (b) Name of husband or wife Emily L. Douglas
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 9 (Month) 8 (Day) 1855 (Year)

8. AGE: Years 85 Months 5 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Knoxville (City, town, or county) Tenn (State or foreign country) 1
10. Usual occupation Retired Merchant
11. Industry or business Hardware
FATHER
12. Name EDWARD DOUGLAS
13. Birthplace ✓ (City, town, or county) Tenn (State or foreign country) 1
MOTHER
14. Maiden name MARY JANE DENTON
15. Birthplace ✓ (City, town, or county) Tenn (State or foreign country) 1
16. (a) Informant Lora Offutt
(b) Address Orrick Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation South Point Cemt
18. (a) Signature of funeral director C. V. Gibson + Son
(b) Address Orrick Missouri
19. (a) 3/5/41 (Date received local registrar) (b) B. A. Campbell, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5 year 1941 hour 7 minute 5 P. M.

21. I hereby certify that I attended the deceased from Jan 1939 to Mar 5 1941; that I last saw him alive on Mar. 5 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	18 mo
Cerebral thrombosis	5 days
Due to Generalized Arteriosclerosis	
Due to	

Other conditions (Include pregnancy within 3 months of death) N.A.D.

Major findings:
Of operations None
Of autopsy None

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

23. Signature B. A. Campbell (M. D. or other) M.D.
Address Orrick Mo Date signed 3/5/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number 4-15-41
Date Filed

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 C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Orrick Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.