

No. 2
1-4-41
-17-39
X26320

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35360

FILLED NOV 14 1941

Registration District No. 471

Primary Registration District No. 4284

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 40 yrs / _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence 055
(c) City or town Pierce City 7
(If outside city or town limits, write "RURAL") 10
(d) Street No. 205 Elm
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Sanford Joseph Douthitt

3. (b) If veteran, name war Spanish American 3. (c) Social Security _____

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

6. (b) Name of husband or wife Edna Vance Douthitt 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. 25 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Newton County 0
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business _____

12. Name Andrew Douthitt

13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S.J. Douthitt

(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 10-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director _____
(b) Address Pierce City Mo.

19. (a) Oct. 12 1941 (b) E.B. Wright
(Date received local registrar) (Registrar's signature)

422 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1941 hour 11.45 P. Minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 6/41
1941 to Oct. 11 1941;
that I last saw him alive on Oct. 11 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute regurgitation Duration unknown

Due to Chronic Glomerular Nephritis unknown

Due to _____

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

Major findings: Of operations 130
Of autopsy _____

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? _____

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

23. Signature Charles S. Moore (M. D. or other) 100
Address Pierce City Date signed 10/3/41

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

5
4
0

MAK E

RECEIVED

District Health Officer No. 6,

District File Number 1141-171A

Date Filed NOV 12 1941

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.....

me
.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *Walter C. Hennings*

Licensed Embalmer No. 3825

P. O. Address *Peace City*

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.