

No. 2
1-4-41
17-39

X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3851

State File No. _____

Registrar's No. 1

Registration District No. 28

Primary Registration District No. 10040

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

1. PLACE OF DEATH

(a) County Shelby

(b) City or town Rural Jacksonburg
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby 10th

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles Rankin Douglas

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1942 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gabriella Douglas

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb-4-1867
(Month) (Day) (Year)

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack

Duration _____

8. AGE: Years Months Days If less than one day

74 11 2 _____ hr. _____ min.

Due to Very sudden death
A doctor saw him recently
Due to said there was no heart
condition at that time

Other conditions Several weeks ago
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

Major findings:
Of operations 95.04

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Robert Douglas

13. Birthplace 1 Va
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Richards

15. Birthplace Shelby Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gabriella Douglas

(b) Address Lakeman, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? ?

(c) Place: burial or cremation C.O.B. Cemetery - Shelbyville

(e) Means of injury _____ (Specify type of place)

18. (a) Signature of funeral director E.P. Thompson Mo.

(b) Address Shelbyville, Mo.

While at work? _____ (c) Means of injury _____

23. Signature E.P. Thompson (M.D. or other) Coroner

19. (a) Jan 7 1942 (b) Wendell Sanderson
(Date received local registrar) (Registrar's signature)

Address Shelbyville, Mo. Date signed 1-7-42

10951 (Licensed Embalmer's Statement on Reverse Side)

JUN 12 1946

RECEIVED

District Health Officer No. 10

District File Number 2-42-234

Date Filed FEB 12 1942

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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo.

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.