

S. No. 2  
M-9-4-41  
ev. 5-17-39  
X 29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11815  
State File No. ....

REC'D APR 7 1942  
Registration District No. 16-1770

Primary Registration District No. 6008-6016 Registrar's No. 14

93  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Clair  
(b) City or town Rural Taberville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 2 mi east Taberville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community 37 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Clair  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 mi East of Taberville Mo.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ARIADNAMIRIAM DOUGLAS  
(b) If veteran, name war none  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 8  
year 1942 hour 7 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Feb. 26, 1942 to Mar. 8, 1942  
that I last saw her alive on Mar. 5, 1942  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Charles Douglas  
(c) Age of husband or wife if alive 81 years  
13 (Month) 1864 (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 10 days  
Due to Hypertension 10 yrs  
Due to arteriosclerosis 10 yrs  
Other conditions Chronic Nephritis 5 yrs  
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 11 Days 25  
If less than one day hr. min.  
9. Birthplace 0 Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Major findings:  
Of operations None Performed  
Of autopsy None Performed  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business  
12. Name Joseph Pries  
13. Birthplace 1 Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Poffenberger  
Majland  
(City, town, or county) (State or foreign country)  
15. Birthplace  
16. (a) Informant Mrs. Edward H. Lewis  
(b) Address Rockville Mo  
17. (a) Burial (b) Date thereof Mar 10, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Presbyterian Church  
18. (a) Signature of funeral director Frank Lee  
(b) Address Appleton City Mo.  
19. (a) Mar 10 42 (b) Allyne Davidson  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 2  
23. Signature M. O. Burke (M. D. or other) DO  
Address Rockville, Mo. Date signed 3/9/42

1101

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7.

District File Number 4-42-296

Date Filed 4-6-42

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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  
on the 8th day of Mar 1942, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City - Me

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.