S. No. 2
M—9-4-41
. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18514

FILED JUN 19 1942 566

Registration District No. ..... Primary Registration District No. 30 30 Registrar's No. 44

7
1
2

Vernon

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 515 So. ELM ST 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 25 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 67

(a) State MISSOURI (b) County MISSISSIPPI 2

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

(d) Street No. 515 So ELM ST 0
(If rural, give location)

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

If yes, name country NO

3. (a) PRINT FULL NAME William DOUGLAS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 2

5. Color or race COLOR

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife NOT KNOWN

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

7. Birth date of deceased NOT DEFINITELY KNOWN
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
ABOUT	60			hr. min.

9. Birthplace MEMPHIS / TENNESSEE
(City, town, or county) (State or foreign country)

10. Usual occupation DAY LABOR

11. Industry or business ✓

FATHER
12. Name NOT KNOWN 9
13. Birthplace ✓✓ ✓✓
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NOT KNOWN
15. Birthplace ✓✓ ✓✓ 9
(City, town, or county) (State or foreign country)

16. (a) Informant MISS ANNE LATIMER

(b) Address CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 5-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director John F. Nunnelee Jr.

(b) Address CHARLESTON, MO

19. (a) 5/16/42 (b) D. G. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12
year 1942 hour 11 minute P M.

21. I hereby certify that I attended the deceased from May 5th 42, 19..., to May 12-42, 19...;
that I last saw him alive on May 8th 1942, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to Chronic Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131b

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 0

23. Signature Frank A Vernon (M. D. or other)

Address Charleston Mo Date signed 5-15-42

HK

1227

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642-730
Date Filed JUN 16 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.

Body Not Embalmed

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, fact should be so stated above.