

FILED JUN 11 1942

Registration District No. **875**

Primary Registration District No. **3039**

Registrar's No. **113**

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nevada City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 da  
In this community 2 da  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon **108**  
(c) City or town Nevada **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1254 N. Cedar St.  
(If rural, give location) **0**  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Janet Kay Douglas

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, single

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

7. Birth date of deceased. May 1, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 2 hr. min.

9. Birthplace. Nevada, Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Gans Douglas  
13. Birthplace Duncan, Oklahoma  
(City, town, or county) (State or foreign country)  
14. Maiden name Cordelia Haskney  
15. Birthplace Nevada, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Gans Douglas  
(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 5/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miss Gentry

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) 6-1-42 (b) Elizabeth Stebbins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mouth May day 9,  
year 1942 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from May 1, 1942 to May 3, 1942  
that I last saw her alive on May 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Intrauterine hemorrhage during labor

Due to.....

Due to.....

Other conditions. ✓  
(Include pregnancy within 3 months of death)

Major findings: 160  
Of operations.....

Of autopsy.....

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) (2) Means of injury.....

23. Signature J.W. Gentry (M. D. or other) MD

Address Nevada, Mo Date signed 5/5/42

RECEIVED

District Health Officer No. 7,

District File Number 6-42-609

Date Filed 6-9-43

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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, ~~only~~

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Lloyd P. Wincott*

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.