V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

31480

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 322 Primary Registration District No. 3071 Registrar's No.

97
2
1

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
129 East Parker /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97 2

(c) City or town Slater 1
(If outside city or town limits, write "RURAL")

(d) Street No. 129 East Parker
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country X

3. (a) PRINT FULL NAME David Wesley Douglas

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased Sept. (Month) 2 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 9 hr. min.

9. Birthplace Slater (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Baby

11. Industry or business X

FATHER
12. Name George W. Douglas
13. Birthplace Slater (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Cathrine Green
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Cathrine Green
(b) Address Slater Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Slater Mo.

18. (a) Signature of funeral director Hill Brothers
(b) Address Slater Mo.

19. (a) (Date received local registrar) (b) Mrs. John Giger (Registrar's signature)

12/11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3d.
year 1942 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from Sept 2 - 10 P.M. until Sept 3, 19 to 7 a.m., 19 ;
that I last saw him alive on Sept 3, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Weak - heart & circulation - lack of nerve force - Open Duct Ovale "a heart defect"

Due to Never Seemed Vigorous -

Due to

Other conditions Mother "Constant Smoker" of Cigarette
(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.

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

23. Signature R H Nuckles (M. D. or other) DO

Address Slater Date signed 9/4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-23-42

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 Not embalmed, Registered Apprentice No. working under my personal supervision.

Signed Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.