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FILED JAN 15 1942
Registration District No. 58

Primary Registration District No. 2001

Registrar's No. 561

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

1. PLACE OF DEATH:
 (a) County JASPER
 (b) City or town LOPLIN
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 1 Day (Specify whether in hospital or institution)
 In this community lifetime years, months or days

3. (a) PRINT FULL NAME LENNA DOUGLASS
 3. (b) If veteran, name war C
 3. (c) Social Security No.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased DEC 25 1876
 (Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 24
 If less than one day hr. min.

9. Birthplace Gretna Kan.
 (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Housewife

MOTHER FATHER
 12. Name Kimmel
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Royce
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Harriet F. Douglas
 (b) Address St. Paul Wood Mo

17. (a) Burial (b) Date thereof 12-22-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Frank Post
 (b) Address Frank Post

19. (a) 12-23-42 (b) Arthur S. Scholter
 (Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County JASPER
 (c) City or town LOPLIN
 (If outside city or town limits, write "RURAL")
 (d) Street No. 216 McFarley
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 19
 year 1942 hour 4:00 minute 01 P. M.

21. I hereby certify that I attended the deceased from 12-18-42 19 to 12-19-42 19
 that I last saw her alive on 12-19-42 19
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Post-operative adhesions
Intestinal obstruction
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations Large bands of adhesions obstructing bowels (cecum & colon) in several places. Abscess, gangrenous
 Of injuries.....
 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?

While at work?..... (Specify type of place) (c) Means of injury.....
 23. Signature Walter Howard (M.D. or other)
 Address John, Mo. Date signed 12-22-42

1204

42-13-1065

278

HP 11-70
2-30-70

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.