S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41124

Registration District No. 169 Primary Registration District No. 5624 Registrar's No. 6465

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina. (rural) Shelton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life.

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

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3. (a) PRINT FULL NAME Charles Edward Douglass
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie Weeks
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan (Month) - I (Day) - 1872. (Year)

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

9. Birthplace (City, town, or county) 9 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. FATHER Name John Henry Douglass
13. FATHER Birthplace (City, town, or county) Kentucky / (State or foreign country)
14. MOTHER Maiden name Susan Swann
15. MOTHER Birthplace Novelty (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Esther Douglas
(b) Address Edna Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-II-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel
18. (a) Signature of funeral director Keith Hudson
(b) Address Edina Missouri
19. (a) 12-19-42 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 1941 to 1942 that I last saw him alive on November 12 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic endocarditis Valvular disease — Duration 2 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 92d
Major findings:
Of operations
Of autopsy

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 C. O. Holmes (M. D. or other) DO
Address Novelty, Mo Date signed Dec 19-42

1942 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-150
Date Filed Jan-13-1943

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 Keith Hudson

Licensed Embalmer No. 2413

P. O. Address Edina, Missouri

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.