No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

Registration District No. 249 238

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5723

State File No. 41413

Registrar's No. 67

1. PLACE OF DEATH:

(a) County: New Madrid County

(b) City or town: Rural New Madrid
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(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 21

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: New Madrid

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

(d) Street No.: 1 mile South of East Prairie Mo.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Glenn DALTON 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: 0

6. (b) Name of husband or wife: .....

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

7. Birth date of deceased: November (Month) 8 (Day) 1942 (Year)

8. AGE: Years ..... Months ..... Days 21 If less than one day ..... hr. ..... min.

9. Birthplace: New Madrid County (City, town, or county) 0 (State or foreign country)

10. Usual occupation: .....

11. Industry or business: .....

MOTHER FATHER

12. Name: Jus Douglass

13. Birthplace: Denton, Tenn. (City, town, or county) 1 (State or foreign country)

14. Maiden name: Dovie Wood

15. Birthplace: New Madrid Co. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Jus Douglass

(b) Address: East Prairie, Mo. Star R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/29/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Dogwood

18. (a) Signature of funeral director: Tevis Shelby

(b) Address: E. P. Mo.

19. (a) 12-8-42 (Date received local registrar) (b) Fowler E. Bingman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th year 1942 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Nov 20, 1942, to Nov. 28, 1942, that I last saw her alive on Nov. 27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Duration

Due to: .....

Due to: .....

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

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? .....

While at work? ..... (Specify type of place) (e) Means of injury: .....

23. Signature: A. L. Martin (M.D.)

Address: East Prairie Mo. Date signed: 12-4-42

1031

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-168
Date Filed 12-16-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41413

Registration District No. 218 | Primary Registration District No. | Registrar's No. 67

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: (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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME: Glenn Dalton Douglas
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
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov. (Month) 8 (Day) 1941 (Year)
8. AGE: Years | Months | Days | If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 8 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	
Due to: Flu infection	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 33a	
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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY