S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7113

State File No. 34

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 5

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1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: none 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none 0

73
0

3. (a) PRINT FULL NAME Elzy C. Douthitt

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Gertie May Douthitt

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 1 (Day) 1878 (Year)

8. AGE: Years 64 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Newton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Henry Douthitt
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Cordelia Crago
15. Birthplace not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Raymond Douthitt
(b) Address R 1 - Granby Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cem. Newton Co. Mo.

18. (a) Signature of funeral director Callaways
(b) Address Monett, Mo.

19. (a) Feb. 20 '43 (Date received local registrar) (b) Lulu Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1943 hour 5 minute PM M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to Feb 18 1943 that I last saw him alive on Feb 18 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Essential Hypertension	7 yrs
Due to Angina Pectoris	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 P	
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 Cardwell O (M. D. or other) MD

Address Stella Mo. Date signed 2-19-43

1169

(Licensed Embalmer's Statement on Reverse Side)

Date Received MAR 10 1943
File no. - 243-27

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 Floyd C Callaway

Licensed Embalmer No. 2066

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.