S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9770

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1090

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital ~~or institution~~: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City, Mo 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3420 Troost.
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Mrs Vera Dell Douglas

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband ~~or wife~~ Mr. Eldon Richard Douglas

6. (c) Age of husband ~~or wife if~~ alive 43 years

7. Birth date of deceased Sept. 28, 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	5	10	hr. min.

9. Birthplace Kingston (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business City

FATHER
12. Name Mr Robert J. Barber
13. Birthplace Lathrop (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mrs Lola Lee James
15. Birthplace Kingston, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mr Eldon R. Douglas

(b) Address Elmira, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Lathrop Mo

18. (a) Signature of funeral director Alspaugh

(b) Address Palo Mo

19. (a) 3-9-44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 8 16
year 1944 hour 23 minute 10 P.M.

21. I hereby certify that I attended the deceased from ..... 19.., to ..... 19..;
that I last saw h alive on Deputy Coroner 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	
Due to Skull Fracture	
Due to Auto Trauma	
Other conditions (Bus & Pedestrian) (Include pregnancy within 3 months of death)	

Major findings:
Of operations 170C-6
21
Of autopsy See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence March 8, 1944

(c) Where did injury occur? Kansas City Mo
(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? No (e) Means of injury Trauma

23. Signature A. E. Ussher (M.D. or other) M.D.

Address 23 McCoy Date signed 3/8/44

(Licensed Embalmer's Statement on Reverse Side)

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. Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. K.C. 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.