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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Barry

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

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

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community about 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 306 Pearl St
(If rural, give location)

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

3. (a) PRINT FULL NAME James Allen Douglas

3. (b) If veteran, name war none

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased: March 8 1877
(Month) (Day) (Year)

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

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

66 10 26hr.min.

Duration

Acute Alcoholism 1 wk.

Due to This man was found dead

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

Due to Fracture of the skull

seen 3 days. Had been intoxicated

10. Usual occupation Retired Maintenance of Way

Other conditions for Fracture Skull
(Include pregnancy within 2 months of death)

11. Industry or business Employee Frisco R.R.

Major findings: TMC

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name James Edward Douglas

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Cox

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Mosely

(b) Address 710 Sycamore St. Monett Mo.

17. (a) Burial (b) Date thereof Feb 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007 Cemetery Monett Mo.

18. (a) Signature of funeral director Callaway

(b) Address Monett Missouri

19. (a) Feb 10 1944 (b) Audna Milbrough
(Date received local registrar) (Registrar's signature)

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?..... Means of injury.....

23. Signature John R. Ellson (M. D. or other) MD.

Address Wheaton Mo. Date signed 7-10-44

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

RECEIVED
District Health Officer No. 6,
District File Number 344-303
Date Filed MAY 14 1944

OCT 19 1954

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 *Roy D. Ballantyne*
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.