

FILED APR 8 1944

Registration District No. 3124

Primary Registration District No. 5112A

State File No. _____

Registrar's No. 42

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township) Scopus Twp
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ENTIRE LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town RURAL
(If outside city or town limits, write "RURAL") Scopus
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 4 minute 10 AM.
21. I hereby certify that I attended the deceased from 3/12/44
_____, 19____, to 3/15/44, 19____;
that I last saw him alive on 3/15/44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Miliary tuberculosis 3 mos.
(renal) 6 hrs.

Due to Pulmonary tuberculosis size
(??)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 13 fl PHYSICIAN
Of operations _____
Of autopsy _____

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 D. O. Patton (M. D. or other) D. O.
Address Patton Date signed 3/12/44

3. (a) PRINT FULL NAME ROBERT WOODROW DOUGLAS

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 7 years 1914

7. Birth date of deceased January 7 1914
(Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles E. Douglas

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

14. Maiden name Emma Patton

15. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Brotherton

(b) Address Jackson, Missouri

17. (a) Burial (b) Date thereof March 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hurricane Cemetary

18. (a) Signature of funeral director Robert E. Drum

(b) Address Lutesville, Missouri

19. (a) Mar. 21, 1944 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 4
District File Number 444-36
Date Filed 4-6-44

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.....

Not Embalmed....., 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.