

Primary Registration District No. 3023

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

1. PLACE OF DEATH

(a) County Henry

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

(c) Name of hospital or institution:  
10 days General Clinton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME GERAY ALLEN DOUGLAS

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

4. Sex 0 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 \_\_\_\_\_ years

7. Birth date of deceased 9-5-44  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 10 1/2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clinton mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Glen W Douglas

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

14. Maiden name Flossie B Keller

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

16. (a) Informant Glen Douglass

(b) Address Craigton mo

17. (a) Buried (b) Date thereof 9-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Uruch mo

18. (a) Signature of funeral director Consolidated

(b) Address Clinton mo

19. (a) Sept 16 1944 (b) Georgia Ketchen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Cass

(c) City or town Craigton mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1944 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 5, 1944 to Sept 15, 1944  
that I last saw him alive on Sept 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Premature male term of 7 1/2 months. Lack of proper nourishment and cyanosis pointed to cerebral injury.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Dr. R. S. Hattig or other \_\_\_\_\_  
Address Clinton mo Date signed 9/16/44

1069

RECEIVED

District Health Officer No. 7,

District File Number

9-44-1087

Date Filed

10-4-44

**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.....

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

working under my personal supervision.

Signed R. P. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Mo

Not Embalmed

**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.**