

Registration District No. 98

Primary Registration District No. 4165

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town Gallatin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Most of Life (Specify whether)
 years, months or days)

3. (a) PRINT FULL NAME John William Douglas

3. (b) If veteran, name war White 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Douglas 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased June 21 1887
 (Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 23 If less than one day
 .hr. min.

9. Birthplace Muscatine Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General Labor

12. Name William Douglas

13. Birthplace Madison Co. Iowa
 (City, town, or county) (State or foreign country)

14. Maiden name Katie Shaffer

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

16. (a) Informant C. O. Douglas

(b) Address Brookfield, Missouri

17. (a) Burial (b) Date thereof 5-16-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) 5-23-47 (b) Dequann Langhart
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
 (c) City or town Gallatin
 (If outside city or town limits, write "RURAL")
 (d) Street No. --- (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
 year 1947 hour About 6 minute 30 P

21. I hereby certify that I attended the deceased from found dead
in yard, 19____, to _____, 19____,
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death found dead in yard while mowing yard. Coronary occlusion following influenza. Duration _____
 Due to _____
 Due to _____

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?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Heppelway (M.D. or other) _____
 Address Gallatin, Mo Date signed 5/17/47

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

MOTHER FATHER

94A

Coroner Daviess County

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *A. Dickerson*.....

Licensed Embalmer No. *3307*.....

P. O. Address *Lellatier, 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.