

FILED FEB 6 1948

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Remiscot

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 13 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Douglas

3. (b) If veteran, - name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 5
year 1947 hour 6 minute P.M.

4. Sex M 5. Color or race col

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

6. (b) Name of husband or wife Daisy Douglas

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-10-47 to oct 5, 1947
that I last saw him alive on 4-19- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis 1 yr - myocardial insufficiency

8. AGE: Years abt 62 Months _____ Days _____ If less than one day
hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Crenshaw miscel
(City, town, or county) (State or foreign country)

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

10. Usual occupation farm labour

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name Joseph M Douglas

Of autopsy _____

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

14. Maiden name _____

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

16. (a) Informant Daisy Douglas

(b) Address Hayti mo Rt 1 Box 20

17. (a) Burial (b) Date thereof 10-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steeles mo

18. (a) Signature of funeral director J. J. Herman

(b) Address Steeles mo

19. (a) 2-3-48 (b) Phyllis Herman
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Arthur Douglas (M. D. or other) _____
Address Hayti mo Date signed _____

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

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

2-48-37

FEB 1 1949

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..... *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Highway, No. Box 424*

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.