

300  
10-47  
17-39  
3906

FILED AUG 6 1948  
Registration District No. 136

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Newton Jasper *Jasper*

(b) City or town 3201 Oakridge Drive Joplin *Joplin*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. John, Hospital *0*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7, Day (Specify whether  
In this community 1 year 7 months (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME Margaret Douglas

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Femal | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W Douglas 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 18 1897  
(Month) (Day) (Year)

8. AGE: Years 52 Months II Days 6 | If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Louisville, Ky Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name unk *9*

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) *9*

14. Maiden name \_\_\_\_\_ *9*

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) *9*

16. (a) Informant Dr. John Douglas

(b) Address 3201 Oakridge Drive

17. (a) Burial (b) Date thereof 7-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mortuary  
(b) Address Joplin, Mo.

19. (a) 7-30-48 (b) Calvin Lemkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper *49*

(c) City or town Joplin Mo. *5*  
(If outside city or town limits, write "RURAL")

(d) Street No. 3201 Oakridge Drive *0*  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1948 hour 6:05 A.M minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 17, 1948, to July 25, 1948,  
that I last saw h.er alive on July 25, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus -pulmonary *Duration* 10 min.

Due to Inoperable carcinoma of the fundus uteri 2 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 48 P

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? \_\_\_\_\_

Where at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 0

Signature S. W. Scorse, M.D. (M. D. or other)  
Address 7-28-48 308 Prisco Bldg Date signed 7-28-48

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

MOTHER, FATHER

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**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 Paul A. Handier

Licensed Embalmer No. 3590

P. O. Address Joplin 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.**