

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 19 1945

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo  
(If city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

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

In this community 3 Wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Clarksburg, Mo.  
(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 Jefferson M. Douglas

3. (b) If veteran name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1945 hour 7 minute 2 A.M.

21. I hereby certify that I attended the deceased from June 1, 1945 to June 7, 1945  
that I last saw him alive on June 12, 1945  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: Oct 31 1858  
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarct

Due to Senility & urinary retention

Due to Hypertrophied Prostate

Other conditions 9/30  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

PHYSICIAN

Major findings of autopsy Benign hypertrophy of prostate with urinary retention

Underline the cause to which death would be charged statistically.

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

10. Usual occupation Retired Farmer

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? \_\_\_\_\_

MOTHER FATHER

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

12. Name Androy N Douglas

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

14. Maiden name Rena Kelly

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

16. (a) Informant Paul M Douglas

(b) Address 1734 21st St Los Angeles Calif

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof June 16 45  
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cent. Clarksburg

23. Signature J. C. Osborn (M. D. or other) MD

Address Jefferson City Date signed 6-13-45

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

(b) Address Jefferson City, Mo

19. (a) 6-13-45  
(Date received local registrar)

(b) Therma Fichter  
(Registrar's signature)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-18-45

**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 Me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.**