

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Ironton**
(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 **12 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Ironton**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1947** hour **7** minute **35 P** M.

21. I hereby certify that I attended the deceased from **6-19-47**, 19____, to **7-19-47**, 19____;
that I last saw him alive on **7-19-47**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
with
mitral insufficiency
Ascites
Emphysema
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
?
?
?

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

Handwritten signature: J. B.

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? **0**

23. Signature **J. E. Harland, M.D.** (M. D. or other)
Address **Ironton, MO** Date signed **7-30-47**

3. (a) PRINT FULL NAME **William Beven Douglas**

3. (b) If veteran, name war **no** 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 **Margarette Douglas** 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased **Nov 9 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	8	10	hr. _____ min.

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

10. Usual occupation **retired**

11. Industry or business _____

MOTHER FATHER {
12. Name **Alfred Douglas** **9**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leona Simpson**
(b) Address **Ironton Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **7-21-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Banner Missouri**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **45 White Ironton Missouri**

19. (a) **8-4-47** (Date received local registrar) (b) **W. A. Jones** (Registrar's signature)

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

19
10

RECEIVED

District Health Officer No. 4
District File Number 847-1031
Date Filed 8-11-47

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 J. White
Licensed Embalmer No. 3012
P. O. Address Smith, Pa.

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.