

1939 JAN 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3191  
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 527  
 (b) Township Osage Primary Registration District No. 579D Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

4517 JOHN L. WILLIAM  
 (a) Residence, No. Near Gravois Mills, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN - 1 - 1876

7. AGE YEARS 63 MONTHS 0 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) JAN - 10 - 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County, Missouri

FATHER 13. NAME No Record 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME No Record 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT from Personal Effects (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles City Cem. DATE JAN - 9 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Kidwell Versailles, Missouri

20. FILED 1-16 1939 J. E. Ballinger Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1939

22. I HEREBY CERTIFY That I attended deceased from never, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 430

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_. Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify \_\_\_\_\_ (Signed) P. F. Eckhoff, D.O. (Address) Versailles, Mo.

Coroner Morgan

Exact statement of OCCUPATION is very important. Do not leave blank. Do not write "none" unless properly classified.

**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, .....

*W. F. Kidwell*

....., or by .....

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

Signed.....

*W. F. Kidwell*

Licensed Embalmer No. *1596*

P. O. Address *Versailles, Miss*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**