

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

Rev. 5-17-36 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution Home of Mrs Stella Lange  
(If not hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Johnson

(c) City or town Kingsville MO  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. 55 years.

\*3. (a) PRINT FULL NAME William Daryl

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th 1939  
year 1939 hour 8:30 minute \_\_\_\_\_ A M

21. I hereby certify that I attended the deceased from 17th 1939 to Nov 10th 1939  
that I last saw him alive on Aug 10th 1939  
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 None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 30 1886  
(Month) (Day) (Year)

Immediate cause of death He had a cerebral aneurysm with hyperextension of neck Duration about 3 or 4 years

Due to stroke one year ago

Due to hypertension & cerebral necrosis

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

8. AGE: Years 72 Months 11 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home man

Major findings: I had not seen this patient since Aug 12 1939

Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Do not know

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

14. Maiden name Christina

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

16. (a) Informant's own signature Adelia C. Monteith

(b) Address 705 Highland Warrensburg

17. (a) Burial (b) Date thereof Nov 8 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingsville Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address Holden Mo.

19. (a) Nov 11-39 (b) Eva Gentry  
(Date received local registry) (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? no injury

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John T. Anderson (M. D. or other) \_\_\_\_\_  
Address Warrensburg Date signed Nov 10 1939

RECEIVED  
District Health Officer No. 8  
License File Number  
Date Filed 12/11/39

**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..... *W. G. Johnson* .....

Licensed Embalmer No. *2424* .....

P. O. Address *Holden 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, above space should be left blank.**