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.

FILED NOV 19 1940

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

34733
Do not use this space.

1. PLACE OF DEATH
(a) County Bates
(b) Township ~~Mt Pleasant~~
(c) City Butler Mo
(d) Street No. Butler Memorial Hospital 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.

Registration District No. 50
Primary Registration District No. 3004 Registered No. 79

2. PRINT FULL NAME William Underwood
(a) Residence, No. Bates Co Mo Rural St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida M Underwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1861
7. AGE YEARS 79 MONTHS 1 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Security No None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER
13. NAME William Underwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Lois Tibbit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Frank Underwood Adrain Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE Oct. 27 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hobert Arnold Creighton Mo.
20. FILED Oct 25 1940 Nina L Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1940, to Oct 25th 1940
I last saw him alive on Oct 25, 1940 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Date of onset
131
Other contributory causes of importance: Chronic Nephritis.
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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) L. D. La Hue, M. D.
(Address) Butler, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1608
Date Filed 11-12-40

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, Me

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

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

Signed Hobart Arnold

Licensed Embalmer No. 3621

P. O. Address Creighton, Mo.

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

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