DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36601

Registration District No. 863 Primary Registration District No. 6137 Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Near Houston Piney Twp. Tex

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

(c) Name of hospital or institution: At Texas County Farm.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days 3 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Raymondville (rural)

(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.? 45 years.

3. (a) PRINT FULL NAME William Sokalauski

3. (b) If veteran, name war -------

3. (c) Social Security No. -------

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Dont Know

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

7. Birth date of deceased Dont know (Month) (Day) (Year)

8. AGE: Years 78 Months -- Days -- If less than one day hr. min.

9. Birthplace Rusia (City, town, or county) (State or foreign country) 7

10. Usual occupation Farmer 9

11. Industry or business Farming

FATHER
12. Name Do not know 9
13. Birthplace ---------- (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Do not know
15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant G. F. Frederick

(b) Address Houston Mo.

17. (a) County Farm (Burial, cremation, or removal) (b) Date thereof Nov. 1st. '40 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director G. V. Elliott 911

(b) Address Houston Mo.

19. (a) Nov. 1-1940 (Date received local registrar) (b) Mabel Shacklett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 1 year 1940 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from OCT. 24 ~~NOV 1~~, 1940 to NOV 1, 1940 that I last saw him alive on OCT. ~~24~~ 31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CACHEXIA FROM PULMONARY TUBERCULOSIS	
Due to	
Due to 23	
Other conditions SENILITY. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. M. Dillman (M. D. or other) M.D.

Address HOUSTON, MO. Date signed 11-1-40.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1140 1123
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.