

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42138 ✓

State File No. \_\_\_\_\_

FILED DEC 16 1942

Primary Registration District No. 5356

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Jackson  
(a) County: Rural Van Buren Mo  
(b) City or town: (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: Life (Specify whether In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: MO (b) County: Jackson Mo  
(c) City or town: Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 70. East Lee Summit Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: WILLIAM WILKERSON TALLEY  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 3rd year 1942 hour 5 minute A M.  
21. I hereby certify that I attended the deceased from Jan. 2, 1942 to Jan. 3, 1942 that I last saw him alive on Jan. 2, 1942 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, widowed  
6. (b) Name of husband or wife: Mary Evens Talley  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: Feb. 6 1856 (Month) (Day) (Year)

Immediate cause of death: Chronic ~~Heart~~ Nephritis with chronic toxemia  
Duration: 3 years

8. AGE: Years 84 Months 10 Days 27 If less than one day hr. min.

Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death): \_\_\_\_\_  
Major findings: Of operations: 1316  
Of autopsy: \_\_\_\_\_

9. Birthplace: Lees Summit Mo. (City, town, or county) (State or foreign country)

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

10. Usual occupation: Farmer  
11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: David Talley  
13. Birthplace: KY. (City, town, or county) (State or foreign country)

{ 14. Maiden name: Mary P. Prieto  
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: William Talley  
(b) Address: Grain Valley Mo.

17. (a) Burial (b) Date thereof: 11/5/42 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Lees Summit Mo.

18. (a) Signature of funeral director: [Signature]  
(b) Address: Lees Summit Mo.

19. (a) Jan 4, 1942 (b) [Signature] (Date received local registrar) (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? \_\_\_\_\_

(Specify type of place) While at work? (e) Means of injury: \_\_\_\_\_  
23. Signature: [Signature] (M. D. or other)  
Address: Lees Summit Mo Date signed: 1/4/42

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

110  
00

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.....

working under my personal supervision.

*By me 1/3/42*

Registered Apprentice No.....

Signed.....

*C. W. Brownfield*

Licensed Embalmer No.....

*3785*

P. O. Address.....

*Pleasant Hill*

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.