

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42821

Registration District No. 244

Primary Registration District No. 3035

Registrar's No. 114

1. PLACE OF DEATH:  
(a) County Ray  
(b) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
East Royal St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community all his life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. East Royal St. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

20. DATE OF DEATH: Month Dec. day 30th.  
year 1941 hour 10:50 minute A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed?  
6. (b) Name of husband or wife Jane Black Due  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 14, 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-23-41  
\_\_\_\_\_ 19 \_\_\_\_\_ to 12-29-41 \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on 12-29-41  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
66 10 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Mitral Stenosis  
Due to \_\_\_\_\_  
Due to Electric

9. Birthplace Covington Co. Kentucky /  
(City, town, or county) (State or foreign country)  
10. Usual occupation Miner

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

11. Industry or business \_\_\_\_\_  
12. Name Gus Due  
13. Birthplace Covington Co. Kentucky /  
(City, town, or county) (State or foreign country)  
14. Maiden name Winnie Barcus  
15. Birthplace Covington Co. Kentucky /  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Leonard Due  
(b) Address Richmond, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Jan. 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation City Cem., Richmond, Mo.

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director E. Thurman  
(b) Address Richmond, Mo.  
19. (a) Dec. 30-41 (b) William D. Due  
(Date received local registrar) (Registrar's signature)

23. Signature W. D. Due (M. D. or other) M.D.  
Address Richmond, Mo. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

Case Number

1-14-42

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 ~~XXXX~~

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

Signed..... E. Thurman

Licensed Embalmer No... 2073

P. O. Address... Richmond, 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, fact should be so stated above.**