

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19285

State File No. ....

Registration District No. 887

Primary Registration District No. 6181

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution. 13 years (Specify whether years, months or days)

In this community 13 years

3. (a) PRINT FULL NAME William Jackson Studdard

3. (b) If veteran, name war no

3. (c) Social Security No. now

4. Sex M-O

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 15 1859  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>3</u>	<u>2</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace Franklin Co. Mo. O  
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Gas. W. Studdard

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

14. Maiden name Truett?

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

16. (a) Informant Hannay Studdard

(b) Address Potosi, Mo.

17. (a) Burial (b) Date thereof 5-18-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi

18. (a) Signature of funeral director Joseph L. Thurman

(b) Address Potosi, Mo.

19. (a) 5-18-1942 (b) Joseph L. Thurman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town rural Liberty  
(If outside city or town limits, write "RURAL")

(d) Street No. Potosi, Mo.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1942 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from May 14, 1942, to May 17, 1942  
that I last saw him alive on May 14, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Lesion

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 928

Of autopsy

Duration

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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Joseph L. Thurman (M. D. or other) 19

Address Potosi, Mo. Date signed 5-18-1942

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

1000

Dis. Health Officer No. 4  
District File Number 642-809  
Date Filed 6-12-42

**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.....

....., 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 with the above constitutes grounds for revocation of license.)**

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