

No. 2
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-17-39
K26390

21968

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 10 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 515 E 3rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 515 E 3rd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM R. CLOSSER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color of hair white 6. (a) Single, widowed, married, divorced Div.

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

7. Birth date of deceased May 9 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Cabinet maker

11. Industry or business _____

MOTHER FATHER { 12. Name James Closser
13. Birthplace Missouri 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____
15. Birthplace Ind 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Closser
(b) Address Sedalia Mo 7

17. (a) Burial (b) Date thereof 6/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oliver Branch
18. (a) Signature of funeral director Geo DeHart
(b) Address Sedalia Mo

19. (a) 6/11/42 (b) Ms Anna Beyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1942 hour _____ minute _____ M.

21. I hereby certify that I viewed body of
June 10 1942
that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in
bed large E. embolus found
in right auricle of heart
Due to _____

Due to _____

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Embolus in heart and
blood vessels

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 in

23. Signature Dr J Bishop (M. D. or other)
Address Sedalia Mo Date signed 6-10-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

460
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-9-42

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..... *L. E. Boulton*.....

Licensed Embalmer No. 3867

P. O. Address..... *Sedalia 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.