

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24938

State File No. _____

Registration District No. 6-3-2-25-4 Primary Registration District No. 58-39 58101 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Billmore (Rural) Tinnah
(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 _____ (Specify whether)
In this community 2 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Oregon 75
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William W. Underwood

3. (b) If veteran, name war _____ 3. (c) Social Security No. 485-183054

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. October 26 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>4</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Myrtle Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

12. Name George W. Underwood

13. Birthplace Myrtle Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Young

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

16. (a) Informant Henry Underwood

(b) Address Myrtle Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Cemetery

18. (a) Signature of funeral director Geo. G. ...

(b) Address Thayer Missouri

19. (a) 2-6-42 (Date received local registrar) (b) Frederic Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1942 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1st 1941 to Feb 28 1942
that I last saw him alive on Feb 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Due to _____
Due to _____

Other conditions 46 f
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) (e) Means of injury _____

23. Signature Geo. G. ... (M. D. or other) Geo. G. ...
Address Thayer Mo Date signed 3-2-42

1112

(Licensed Embalmer's Statement on Reverse Side)

(Cooper)

RECEIVED

District Health Officer No. 5,

District File Number

742462

Date Filed _____

REC

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24938

Registration District No. 254

Primary Registration District No. 5861

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Rural
(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 _____
(Specify whether years, months or days)

In this community 2 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oregon

(c) City or town Thayer, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William W. Underwood

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 s

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

7. Birth date of deceased Oct 26 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 2
(If less than one day min.)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 3-6-42 (b) Joe W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____, year _____, hour _____, minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

