

No. 2
-13-40
FEB 29

FILED

009

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2298

FEB 3 1943
128
318

State File No. _____
Registrar's No. 56

Registration District No. _____

Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural, S. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr., 3 mos., 1 da.
In this community 1 year, 3 months, 1 day.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Osage
(c) City or town Pawhuska
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME VILLA, Nicholas

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

4. Sex male 5. Color or face Mexican
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased March 19 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 9 29 hr. min.

9. Birthplace Durango Mexico 3
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Sebastian Villa

13. Birthplace Unknown Mexico 3
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Mexico 3
(City, town, or county) (State or foreign country)

16. (a) Informant file # 1-27

(b) Address _____

17. (a) Burial (b) Date thereof Jan 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville St.

19. (a) 1-21-43 (b) O'WS Hardin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1943 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from October 17, 1941 to January 18, 1943.

that I last saw him alive on January 18, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of myocardium. (posterior wall of left ventricle)

Due to Sclerosis of Coronary Arteries.

Due to _____

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

Major findings: Of operations _____

Of autopsy see above

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 R.A. McComas (M. D. APPROVER)
R.W. MCCOMAS
Address MCCEP Clinical Director. Date signed 1-20-43

Duration approx. 10 hrs. prior to admission
PHYSICIAN
Underline the cause to which death should be charged statistically.

484

(Licensed Embalmer's Statement on Reverse Side)

W

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..... **Fred C. Thieme**

..... Licensed Embalmer No. **2899**

..... P. O. Address **Springfield, 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: