

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14122**

FILED MAY 5 1943 218

Registration District No. **218**

Primary Registration District No. **3017**

Registrar's No. **48**

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

1. PLACE OF DEATH:

(a) County **COOPER**

(b) City or town **Baronville Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Alec Van Rensselaer Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1-DAYS**
(Specify whether In this community years, months or days)

In this community **2 DAYS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **MORGAN**

(c) City or town **"RURAL" BARNETT, MO**
(If outside city or town limits, write "RURAL")

(d) Street No. **MOREAU TWP**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **EMMA LOGAN O. SOUSLEY**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **8**
year **1943** hour **5** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **5-5**
1943 to **5-8** **1943**
that I last saw him alive on **5-8-** **1943**
and that death occurred on the date and hour stated above.

4. Sex **M.** 5. Color or race **W**

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

6. (b) Name of husband or wife **EMMA WALLS** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **AUG. 20, 1887**
(Month) (Day) (Year)

Immediate cause of death **MENINGITIS ?**
Duration **2 DAYS**

Due to **111 R**

Due to **113**

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **55** Months **7** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Morgan Co Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: Of operations **REMOVED SLIVER OF BONE FROM COMPRESSED CORD IN REGION OF 6TH CERVICAL VERTEB.**
Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation **FARMER.**

11. Industry or business **FARM.**

MOTHER FATHER { 12. Name **GEORGE SOUSLEY**

13. Birthplace **NO RECORD**
(City, town, or county) (State or foreign country)

14. Maiden name **LIZA GORNWELL**

15. Birthplace **NO RECORD**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **ACCIDENT ORIGINALLY**

(b) Date of occurrence **OCT. 1942**

(c) Where did injury occur? **FARM MORGAN, MO.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
FARM - WAGON WHEEL CRUSH.
(Specify type of place)

While at work? **YES** (e) Means of injury _____

23. Signature **Hubert H. Wells** (M. D. or other) _____
Address **Baronville, Mo.** Date signed **4-8-43**

16. (a) Informant **MRS. EMMA SOUSLEY**

(b) Address **BARNETT, MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **APR. 13, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **VERSAILLES, MO.**

18. (a) Signature of funeral director **W. F. Kidwell**

(b) Address **VERSAILLES, MO.**

19. (a) **Apr. 8-43-** (Date received local registrar) (b) **Dr. Chas. Swap** (Registrar's signature)

1858

RECEIVED

Plot No. 107, 2nd floor No. 8,

RECEIVED
15-4-43

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: *W. J. Adair*

Licensed Embalmer No. *1596*
P. O. Address *Wesley 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.