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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20798

FILED JUL 10 1943

State File No. _____
Registrar's No. 15

Registration District No. _____ Primary Registration District No. 4049

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Centralia
(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 _____)
In this community 50 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone
(c) City or town Centralia 10
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Herndon River
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month June day 14th
year 1943 hour 8 minute 00 P M.

4. Sex Male 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 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____ to June 8 1943
that I last saw him alive on June 6 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 7 24 hr. _____ min.

Immediate cause of death Endo Carditis Serious
Duration _____

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

Due to Cerebral Sclerosis
Due to _____

10. Usual occupation Doctor M.D.

Other conditions (Include pregnancy within 3 months of death) 92

MOTHER FATHER

11. Industry or business _____
12. Name William River
13. Birthplace Carroll Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Fennister
15. Birthplace Winchester Ky
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy None
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Sarah E River
(b) Address Centralia Mo
17. (a) Burial (b) Date thereof 6/16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo Cem
18. (a) Signature of funeral director Morrison
(b) Address Centralia Mo
19. (a) 6/16-1943 (b) Chas. J. Wright
(Date received local registrar) (Registrar's signature)

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 W. G. White (M. D. number) _____
Address Centralia Mo Date signed June 19

(Licensed Embalmer's Statement on Reverse Side)

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

0
0

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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 *M. M. Howard*

Licensed Embalmer No. *4312*

P. O. Address *Centralia 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.