U. S. No. 2
10M—5-42
Rev. 5-17-39
P-1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41487

FILED JAN 10 1944

Registration District No. 1 | Primary Registration District No. 4002 | Registrar's No. 311

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Brashear (Rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kirksville (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: all his life

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

3. (a) PRINT FULL NAME: WILLIAM JOSEPH POSTON
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: M
6. (b) Name of husband or wife: Bridgett Poston
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 24 1871 (Month) (Day) (Year)

8. AGE: Years 71 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace: Knox Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ✓
MOTHER FATHER
12. Name: Benjiman Poston
13. Birthplace: Not Known (City, town, or county) (State or foreign country)
14. Maiden name: Mary Ryan
15. Birthplace: (City, town, or county) Md. (State or foreign country)
16. (a) Informant: Mrs. Wm. J. Poston
(b) Address: Brashear Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 11 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary's Cemetery
18. (a) Signature of funeral director: Foster R. Easley
(b) Address: Brashear Mo.
19. (a) 12/15/43 (Date received local registrar) (b) Mrs. J. C. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th year 1943 hour 6 minute 40 A.M.
21. I hereby certify that I attended the deceased from Dec. 4 1943 to Dec. 8 1943 that I last saw him alive on Dec. 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: pernicious anemia associated with condition of stomach and liver. | Duration
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: NO
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: M. F. Kennedy (M. D. or other)
Address: Kirksville, Mo. Date signed: 12-10-43

104 9 (Licensed Embalmer's Statement on Reverse Side)

JAN 26 1944

RECEIVED
District Health Officer No. 10
District File Number 1-44-5
Date Filed JAN 7 1944

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.