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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

2017

FILED FEB 9 1944

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 32

Primary Registration District No. 5115

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Biehle Rural *Whitewater*  
(c) Name of hospital or institution: W  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger  
(c) City or town Biehle Rural  
(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.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Mouser

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

4. Sex male 5. Color or race W 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 Jan 6 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. 15 min. 0

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Roy Mouser  
13. Birthplace Madison Co., Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Trula Stataar  
15. Birthplace Bollinger Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Roy Mouser  
(b) Address Biehle, Mo. Rural

17. (a) Burial (b) Date thereof Jan 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation near Lixville, Mo

18. (a) Signature of funeral director \_\_\_\_\_  
(b) address \_\_\_\_\_

19. (a) Jan 7 1944 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 6 1944, 19\_\_\_\_, to Jan 6 1944, 19\_\_\_\_;  
that I last saw him alive on Jan 6 1944, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth and some internal malformation not autopsied

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Ceryville Date signed 1/7/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 244-3369  
Date Filed 2-8-44

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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.....

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.**