

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED OCT 13 1944
 Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 110

Primary Registration District No. 3076

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

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
623 S College St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 65 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Vernon 107
 (c) City or town Nevada
(If outside city or town limits, write "RURAL")
 (d) Street No. 623 S. College St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM LARSON, MC PETERO
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 5
 year 1944 hour 10 minute 52—M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept - 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2, 1944 to Sept 5, 1944
 that I last saw him alive on Sept 4, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 11 Days 29 If less than one day _____ hr. _____ min.
 9. Birthplace Not Known Tennessee
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming

Immediate cause of death Cerebral Hemorrhage
 Due to Don't Know
 Due to _____
 Other conditions Old age
(Include pregnancy within 3 months of death)

11. Industry or business _____
MOTHER { 12. Name John Mc Petero
 13. Birthplace Not Known Not Known
(City, town, or county) (State or foreign country)
FATHER { 14. Maiden name Margaret Ross
 15. Birthplace Not Known Not Known
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mary Duncan
 (b) Address 693 S College
 17. (a) Burial (b) Date thereof 9-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Antioch, Canet
 18. (a) Signature of funeral director Terry Jun Home
 (b) Address Nevada Mo
 19. (a) 9-16-44 (b) Abel B. Deurck
(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) (b) Means of injury _____

23. Signature W. Love (M. D. or other) _____
 Address Nevada, Mo Date signed Sept 8/44

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RECEIVED

District Health Officer No. 7;

District File Number 9-44-1156

Date Filed 10-11-44

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed L. B. Ferry
Licensed Embalmer No. 1760
P. O. Address Nevebe 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.