S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

7262

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8324

Registration District No. 370 Primary Registration District No. 6254 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Lodi (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 years, months or days) In this community I month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Piedmont (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Thomas Usery
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Bevia Usery
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Oct. (Month) 18 (Day) 1874 (Year)

8. AGE: Years 71 Months 3 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Wayne County (City, town, or county) 0 (State or foreign country)
10. Usual occupation Saw Mill
11. Industry or business Saw Mill
FATHER
12. Name Washington Usery
13. Birthplace Wayne County (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Adrian Usery
(b) Address Piedmont, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sparks Cem. near Piedmont, Mo.
18. (a) Signature of funeral director New Gish
(b) Address Piedmont, Mo
19. (a) Feb 26 46 (Date received local registrar) (b) Mabel Beasley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1946 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from Nov 1, 1945 to Jan 31, 1946 that I last saw him alive on Nov. 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterial Sclerosis	5 years
Cerebral Hemorrhage	3 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature G S Jones M.D. (M. D. or other)
Address Piedmont Mo. Date signed 2-19-46

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(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1946

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 Marvin E. Bowles, Registered Apprentice No. 382, working under my personal supervision.

Signed Norman W. Fish

Licensed Embalmer No. 2387

P. O. Address Richmond 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.