

S. No. 2
DM-2-43
v. 5-17-39
X 35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 31 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19198

State File No.

Registration District No. 342

Primary Registration District No. 4153

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town rural Pike
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(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 no

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Advancee
(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 GEORGE WILLIAMS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 1938 to Feb. 25 1946 that I last saw him alive on Feb. 4 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 13, 1872
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to Senility + arteriosclerosis

Due to _____

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

8. AGE: Years Months Days If less than one day

73 5 12 hr. min.

9. Birthplace Union Co. Illinois
(City, town or county) (State or foreign country)

10. Usual occupation laborer

Major findings: Of operations _____

Of autopsy 94w

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Williams
(b) Address Advancee, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan's Memorial

18. (a) Signature of funeral director Edw. S. Morgan
(b) Address Advancee, Mo.

19. (a) 5/29-46 (b) Ed. Morgan
(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 2

23. Signature E. C. Masters, D.O. (M. D. or other) _____
Address Advancee, Mo. Date signed 2-9-46

361

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
18075

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.....

Lloyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lloyd S. Morgan*.....

Licensed Embalmer No. *3361*

P. O. Address *Advance, 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.