

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23029

FILED AUG 5 1946

State File No.

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
402 Concourse
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Mitchell

(c) City or town Riceville
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route I
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES JAMES BYWATER

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1946 hour 03:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from 19 to 19 ;
that I last saw him alive on 19 ;
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 married

6. (b) Name of husband or wife Mary Bywaters 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug 29 1872
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration

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

73 10 8 hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Mazomanie Wis
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business

{ 12. Name John Bywaters

{ 13. Birthplace York Shore England
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Jane Stevens

{ 15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Coronary Thrombosis

(b) Date of occurrence July 7th 1946

(c) Where did injury occur? Excelsior Springs Clay Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rooming House (Specify type of place)

16. (a) Informant Mary Bywaters

(b) Address Riceville Iowa

17. (a) Removal (b) Date thereof July 8th 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riceville Iowa

18. (a) Signature of funeral director Hope Funeral Home While at work? (e) Means of injury

(b) Address Excelsior Springs Mo

19. (a) 7-2-46 (b)
(Date received local registrar) (Registrar's signature)

23. Signature P. W. Prather Coroner (M. D. or other)

Address Excelsior Springs Mo Date signed 7-7-46

(Licensed Embalmer's Statement on Reverse Side)

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

24

21000

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-3-46

OCT 27 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 _____

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

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.