S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2059

Registration District No. FILED FEB 13 1947 278

Primary Registration District No. 3054

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 130 Frankford Road 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Rural Clarksville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Calumet Church 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME NATHANIEL AUGUSTUS WAMSLEY

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Cash Wamsley

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 15 (Day) 1900 (Year)

8. AGE: Years 46 | Months 7 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Pike (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Nathaniel E. Wamsley
13. Birthplace Pike (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Elizabeth Mackey
15. Birthplace Unknown (City, town, or county) Nebr. (State or foreign country) 1

16. (a) Informant Mrs. Augustus Wamsley
(b) Address RFD Clarksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksville, Mo.

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana, Missouri

19. (a) Feb 4-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1947 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1947 to Feb 2, 1947
that I last saw him alive on 2/2/47, 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Hemorrhage 2 hrs
Lymphatic Leukemia. approx 6 mo

Due to .....

Due to .....

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 Robert L. Andrae M.D. (M. D. or other)

Address Louisiana, Mo. Date signed 2/5/47

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(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1947

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 Virginia M. Sterne, Registered Apprentice No. 491 working under my personal supervision.

Signed Harold V. Garrard

Licensed Embalmer No. 3720

P. O. Address Trenton 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.