

No. 2  
-12-45  
5-17-39  
I X47070

State File No. 8718  
Registrar's No. 98

FILED MAR 21 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 4200

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove Mo.  
(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 None (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Ash Grove Mo.  
(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 William Andrew Mikas

3. (b) If veteran, name war MIL

3. (c) Social Security No. 500-09-5150

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Fertie Fox

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 5 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name John B. Mikas

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Ross

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fertie Mikas

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof 3-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Mo

18. (a) Signature of funeral director Gene A. Blum

(b) Address Walnut Grove Mo

19. (a) 3-15-47 (b) Drew H. Wilson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14<sup>th</sup>  
year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 24, 1947, to March 14, 1947, that I last saw him alive on March 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia

Due to Arterial Sclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 83A

Of autopsy \_\_\_\_\_

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)

(c) Means of injury 0

23. Signature D. A. ... (M. D. or other) MD

Address Walnut Grove Date signed 3-15-47

Duration 3 days

2 weeks

5 yrs

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Crook County Health Office,

County File Number 47-3-31

Date Filed 3-19-77

JUN 12 1977

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.....

Ray Muller, Registered Apprentice No. 459,  
working under my personal supervision.

Signed: Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Ash Grove, 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.