

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29594**
Registrar's No. **86**

FILED OCT 11 1948

Registration District No. **557**

Primary Registration District No. **5333**

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

1. PLACE OF DEATH:

(a) County **Holt**
(b) City or town **Forbes-Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Hours** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Doniphan** **999**
(c) City or town **Wathena** **14**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT **Virgil Kenneth Taube**
FULL NAME

3. (b) If veteran, name war **World War #2** 3. (c) Social Security No. **509-18-1340**

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 **April 22 1916**
(Month) (Day) (Year)

8. AGE: Years **32** Months **5** Days **7** If less than one day hr. min.

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **William Taube**
13. Birthplace **Gonzales Texas**
(City, town, or county) (State or foreign country)
14. Maiden name **Myrtle Bell Watson**
15. Birthplace **New Boston Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Taube**
(b) Address **Wathena Kansas**
17. (a) **Removal** (b) Date thereof **9 29 48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wathena Kan.**

18. (a) Signature of funeral director **James H. Pettigrew**
(b) Address **Oregon Mo.**
19. (a) **7-29-48** (b) **James H. Pettigrew**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **29**
year **1948** hour **10** minute **35** A. 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.

Immediate cause of death **SKULL FRACTURE** **5 MINUTES**
Due to **CHEST CRUSHED + BODY Mangled.** **SKIN.**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **1457**

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) **ACCIDENT** **44**
(b) Date of occurrence **SEPT. 29, 48.**
(c) Where did injury occur? **FORBES Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **YES** (Specify type of place) (e) Means of injury **Pulley Belt.**
23. Signature **Dr. H. E. Callain** (M.D. or other) **D.O.**
Address **Oregon Mo.** Date signed **Sept 22, 48**

NOV 13 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

put

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

James H. Pittzahn

Licensed Embalmer No.

3192

P. O. Address

Oregon 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.