

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

50990
 Do not use this space.

DEAD NOV 21 1938

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 837
 (b) Township Castor Primary Registration District No. 4508 Registered No. _____
 (c) City Bloomfield, Mo. (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William L. Cone
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Missouri

FATHER 13. NAME W. L. Cone
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

MOTHER 15. MAIDEN NAME Mary A. Wright
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Castle Indiana

17. INFORMANT (ADDRESS) Mrs. W. L. Tucker Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Cem. DATE Nov. 17, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chiles Und. Co. Bloomfield, Mo.

20. FILED Nov 19 1938 Joemie Turch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1938 to Nov 16 1938
 I last saw him alive on Nov 15 1938. Death is said to have occurred on the date stated above, at 2 P.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 11/10/38

Other contributory causes of importance: g.i.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John Wilson _____, M. D.
 (Address) 895 S. Commercial, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Howard

Cooper

, or by

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

Signed

Howard Cooper

Licensed Embalmer No. 3996

P. O. Address Bloomfield, Missouri

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, above space should be left blank.