

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.

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

41928
Do not use this space.

1938 JAN 13 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township How Primary Registration District No. 1002 Registered No. 4994
 (c) City Hanson City (d) Street No. 4217 Independence Ave. 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

Williger, A. McArthur
 (a) Residence, No. 4217 Independence St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 84

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

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) Mass.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (NAME) (ADDRESS) Lewis H. McArthur
5038 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 12-24-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wies & McClure
3235 Bellham Plaza

20. FILED Dec 22 1938 M.M. Conroe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1930, to Dec 22, 1938

I last saw him alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 10:2 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
131

Date of onset 2 yrs ago
several years

Other contributory causes of importance: Myocarditis, Chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) William H. Cook, M. D.

(Address) 510 W. 1st St.

1007 12289 810

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.....

Licensed Embalmer No.....

P. O. Address.....

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.