

Registration District No. 26

Primary Registration District No. 5034

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Anderson ^{1940 S. 1st}
(b) City or town Mexico Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether

In this community 4 days
years, months or days)

3. (a) PRINT FULL NAME William Forest Rivers

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan 18 - 40
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days _____ If less than one day hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Rivers
13. Birthplace Woodward Lower
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eva Tate
15. Birthplace Mexico, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. F. Rivers

(b) Address Mexico Mo

17. (a) Elmwood (b) Date thereof Jan 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Cross

(b) Address Mexico Mo

19. (a) Jan 19-1940 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Anderson

(c) City or town Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. R#1 Mexico Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1940 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan 18 1940
to Jan 18 1940
that I last saw him alive on Jan 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death bronchitis Duration _____

Due to _____

Due to 106 R

Other conditions (Include pregnancy within 3 months of death)

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) _____

(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 play) (a) Means of injury _____

23. Signature B. R. Petty M. D. or other _____

Address Mexico Mo Date signed 1/19/40

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.

RECEIVED

District Health Officer No. 10

District File Number 2-10-308

Date Filed FEB 5 1940

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.....

C. W. Arnold

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

C. W. Arnold

Licensed Embalmer No. 3569

P. O. Address Milvia, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15-48 X
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 26
(b) Township Salt River Primary Registration District No. 5034 Registered No. 5-
(c) City (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 Willard Forest Rivers

(a) Residence, No. 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 19 1940 Blanche Heely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1940

22. I HEREBY CERTIFY That I attended deceased from 19... to 19...

I last saw h... alive on 19... Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) C. D. Shelly, M. D.

(Address) mepec Jan

N. B.—Every item of information shown hereon is classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CE... SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CE... SUPPLEMENTARY

