

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

7024

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper County, Mo. Registration District No. 408
 (b) Township Jackson Primary Registration District No. 5563A Registered No. 51
 (c) City Carthage, Mo. (d) Street No. County, Mo. 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

(a) Residence, No. County, Mo. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2x widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1st Sarah Ella, 2nd widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1855
 7. AGE YEARS 84 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Minister
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Wakarusa, Iowa

FATHER 13. NAME R. M. Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wakarusa, Indiana

MOTHER 15. MAIDEN NAME Mary Jane Parker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) R. L. Dodson, County Farm, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wakarusa Cemetery DATE July 27, 1940

19. FUNERAL DIRECTOR (ADDRESS) F. W. Skued, Carthage, Mo.

20. FILED Feb. 27, 1940 E. J. McEntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1940
 22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1940 to 2/24, 1940
 I last saw him alive on 2/23, 1940 Death is said to have occurred on the date stated above, at 2:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 2/21/40
Hypertensive Heart Disease
Cerebral Hemorrhage
with Lt. hemiplegia 2 yrs

Other contributory causes of importance:
Hypertensive Heart Disease
Cerebral Hemorrhage
with Lt. hemiplegia 2 yrs

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? no
 If so, specify _____
 (Signed) W. J. McEntire, M.D.
 (Address) Carthage, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILED MAR 11 1940

RECEIVED

District Health Officer No. 6,

District File Number 340-761

Date Filed MAR 9 1940

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by; Registered Apprentice No.
working under my personal supervision.

Signed J. W. K. null

Licensed Embalmer No. 814

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.)