

FILED APR 23 1940

State File No. \_\_\_\_\_

Registration District No. 824

Primary Registration District No. 4277

Registrar's No. 17

54  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Lafayette  
 (b) City or town Odessa  
 (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) 20  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 40 yrs.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lafayette  
 (c) City or town Odessa  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William F. Surber 1616  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rina Surber 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased Mar. 27 1867  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 25 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rochester Ill. 1  
 (City, town, or county) (State or foreign country)  
Retired Farmer

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Andrew Surber  
 13. Birthplace Kentucky 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Virginia Miller  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Rochester, Ill. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. F. Surber  
 (b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof 3/23/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elm Cem. Johnson Co. Mo.

18. (a) Signature of funeral director L. L. Anderson  
 (b) Address Odessa, Mo. 416

19. (a) 3/22/40 (b) Wm. E. M. Gordina  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 31 day Mar.  
 year 1940 hour 30 minute P. M.  
 21. I hereby certify that I attended the deceased from July  
1939, to Mar 22, 1940  
 that I last saw him/alive on Mar 22, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis  
 Due to Chronic Myocarditis & Chronic Atherosclerosis  
 Due to Epilepsy and Hemiplegy with Arteriosclerosis  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN gjm  
 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? MO.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature W. M. ... (M. D. or other) \_\_\_\_\_  
 Address Odessa Date signed 3/23/40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-11-70

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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

*James L. Heisman*

Licensed Embalmer No.

2541

P. O. Address

*Odessa, 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.