

Registration District No. 774Primary Registration District No. 601813Registrar's No. 238

1. PLACE OF DEATH:

- (a) County St. Francois Co.
 (b) City or town Esther Mo
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 (Specify whether
 In this community 37 years
 years, months or days) 7 60

3. (a) PRINT FULL NAME WILLIAM THOUGHARY8. (b) If veteran, aplusation no 94650 name war _____ 8. (c) Social Security certificate 94-163 No. _____4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mary Longhary 6. (c) Age of husband or wife 69 years7. Birth date of deceased Nov. 16 1853
(Month) (Day) (Year)8. AGE: Years 86 Months 10 Days 8 If less than one day _____ hr. _____ min9. Birthplace Calver Co. Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Miner11. Industry or business Joseph Lead Co12. Name William Longhary13. Birthplace nc
(City, town, or county) (State or foreign country)14. Maiden name Ladice Cabell15. Birthplace Adelphochy
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary C Longhary(b) Address Esther Mo17. (a) Cross Roads (b) Date thereof March 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cross Roads St. Francis18. (a) Signature of funeral director Sparks Funeral Home(b) Address Esther Mo19. (a) 3-24-40 (b) B. B. Tanner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Francois
 (c) City or town Esther Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No Highway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/24 day 1940
year 3-24 hour 7 AM minute _____ M.21. I hereby certify that I attended the deceased from 3
12, 1940, to 3-24, 1940
that I last saw him alive on 3-23, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Duration 3 daysDue to Influenza HADue to _____
Other conditions arteriosclerosis general
(Include pregnancy within 3 months of death)Major findings: none PHYSICIAN _____Of operations _____
Of autopsy ✓
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?
697

While at work _____ (Specify type of place) (a) Means of injury _____

23. Signature H. O. Raabe (M. D. or other) _____
Address Next to Me Date signed 3-25-40

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.