

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Marion  
(b) City or town Vienna Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. James Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT  
FULL NAME3. (b) If veteran,  
name war \_\_\_\_\_8. (c) Social Security  
No. \_\_\_\_\_4. Sex m5. Color or  
race wh6. (a) Single, widowed, married,  
divorced married6. (b) Name of husband or wife Mary Wiley6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased Aug 3 1865

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

75112

hr.

mins

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Don't know

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name Don't know

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant Leop Wiley(b) Address Rural17. (a) Rural  
(Burial, cremation, or removal)(b) Date thereof 9-19-40

(Month)

(Day)

(Year)

18. (a) Signature of funeral director Willie Edson(b) Address Rural

19. (a)

(Data received local registrar)

(b)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Marion  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Vienna Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Sept 15  
to Sept 16 1940  
that I last saw him alive on Sept 15 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Gastroenteritis

Duration

3 7/8Due to Plomatin in food

Due to \_\_\_\_\_

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 sta-  
tistically.

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 place) (e) Means of injury \_\_\_\_\_

23. Signature William H. H. H. (M. D. or other) 1  
Address St James Mo Date signed 9-16-40

**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. 3297

P. O. Address Rolla, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29057**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **542**

Primary Registration District No. **8731**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Marion**  
(b) City or town **Jackson T.P.**  
(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 (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME

**August Willy**

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 **m**

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years **75**

Months **1**

Days **12**

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) **Oct 18, 1940**

(Date received local registrar)

(b) **Mrs. Louis Gads**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town

(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.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Sept** day **16**  
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from

19 to 19

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

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?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature **Wm H. Breuer** (M. D. or other)

Address **St James** Date signed

SUPPLEMENTARY

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

