

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 36055

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Pike  
 (b) City or town Louisiana  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 2  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Pike  
 (c) City or town Louisiana  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Maple St Vandeventer Hill  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Georgia Williams  
 3. (b) If veteran,  name war \_\_\_\_\_  
 3. (c) Social Security No.  \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 3  
 year 1940 hour 3 minute 40 p M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (c) Age of husband or wife if alive 58 years  
 Name of husband or wife George Williams  
 7. Birth date of deceased Jan 11 - 1868  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 10, 1940, to October 3, 1940;  
 that I last saw her alive on October 3, 1940;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Cerebral hemorrhage

8. AGE: Years 72 Months 8 Days 22  
 If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

Due to Hypertension - probably 10 years

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

Due to \_\_\_\_\_  
 Other conditions Diabetes - probably 1 year  
 (Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings: 59  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business None  
 12. Name George Nugghart  
 13. Birthplace Va  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Julia Ann Waters  
 15. Birthplace (?)  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: no  
 (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?  
no

16. (a) Informant's own signature Olis Williams  
 (b) Address Louisiana Mo

23. Signature Eugene Pitts M.D. (M. D. or other) M.D.  
 Address 4124 Grand George St, Louisiana Mo Date signed 10/3/40  
 (Specify type of place) (e) Means of injury

17. (a) Rural (b) Date thereof 10-5-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Reveries Louisiana Mo

18. (a) Signature of funeral director J. H. Haly  
 (b) Address Louisiana Mo  
 19. (a) 10-3-40 (b) J. H. Haly  
 (Date received local registrar) (Registrar's signature)

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 No. 11-40-2076

NOV 8 1940

Date Filed

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.....

*George O. Wagner*, ~~Registered Apprentice No.~~

working under my personal supervision.

Signed

*George O. Wagner*

Licensed Embalmer No.

*3773*

P. O. Address

*Louisiana, 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.