

FILED JAN 10 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41998
Registrar's No. 15

Registration District No. 98

Primary Registration District No. 5144

1. PLACE OF DEATH:

(a) County Oldham

(b) City or town Kingston (Rural)
(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 2
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Wilda Margarete Deabo.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Isaac Newton Deabo 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 47 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Roll Gibson 9

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

14. Maiden name Minnie Warden

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Deabo
(b) Address Hamilton, Mo.

17. (a) Burial (b) Date thereof Oct 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director J. R. Houghton
(b) Address Hamilton, Mo.
19. (a) Oct 24 1940 (b) Mrs Ruth Hill
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oldham

(c) City or town Kingston (Rural)
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 1940
year 1940 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct. 20, 1940, to Oct. 22, 1940;
that I last saw her alive on Oct. 22, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage. Duration 3 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

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? _____

23. Signature J. E. Bouson (M. D. or other) D. O.
Address Hamilton, Mo. Date signed Oct 25 1940

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

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.....

S.P. Houghton

Registered Apprentice No.....

working under my personal supervision.

Signed.....

S.P. Houghton

Licensed Embalmer No.....

3554

P. O. Address.....

Hamilton N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.