

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25282

X26390

Registration District No. 19408

Primary Registration District No. 3020

Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)

In this community 46 Years

2. USUAL RESIDENCE OF DECEASED: 047

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 603 E. 3rd St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Radnor

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th, year 1941 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from March 6th, 1941 to July 11th, 1941
that I last saw him alive on July 11th, 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louisa C. Radnor 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 2, 1861
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Chronic Nephritis

Duration 10 yrs.
5 yrs.

8. AGE: Years Months Days If less than one day

79 8 9 hr. 1 min.

Due to 1314

Due to 1314

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Presteign Radnorshire, Wales
(City, town, or county) (State or foreign country)

10. Usual occupation Ret'd. Merchant

Major findings:
Of operations None

Of autopsy None

PHYSICIAN None
Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Thomas Arthur

13. Birthplace X Wales
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Partridge

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None
(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 Mrs. Frank Follmer

(b) Address 603 East 3rd St., Carthage, Mo.

17. (a) Burial (b) Date thereof 7-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

While at work? No (Specify type of place)

(e) Means of injury 0

23. Signature George H. Wood (M. D. or other) M. D.

Address 304 Grant St., Carthage, Mo. Date signed 7/12/41

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) July 14, 1941 (b) E. J. M. Intire, M.D.
(Date received local registrar) (Registrar's signature)

800 (Licensed Embalmer's Statement on Reverse Side)

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..... *E. Williams*
Licensed Embalmer No. *2772*
P. O. Address *Carthage*

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, fact should be so stated above.