

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

Rev. 5-17-39 I 101511

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31550**

FILED OCT 9 1941

Registration District No. **323**

Primary Registration District No. **5448**

Registrar's No. _____

1. PLACE OF DEATH: **Greene**
 (a) County. _____
 (b) City or town **Willard, Missouri**
 (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 **All his life**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene**
 (c) City or town **Willard**
 (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.? **0** years.

3. (a) PRINT FULL NAME **WILLIAM HENRY KIME**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **September**, day **25**, 1941
 year _____ hour **6**, minute _____ P. M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 1941, to **Sept 25**, 1941, that I last saw him alive on **July**, 1940, and that death occurred on the date and hour stated above.

7. Birth date of deceased **February 11 1863**
 (Month) (Day) (Year)

Immediate cause of death
Arterio Sclerosis
Arterial Hypertension
 Due to _____
 Due to _____

Duration
15 year
18 year

8. AGE: Years **78** Months **7** Days **14** If less than one day hr. _____ min. _____
 9. Birthplace **Greene Co., Missouri**
 (City, town, or county) (State or foreign country)

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

10. Usual occupation **Retired farmer**
 11. Industry or business _____
 MOTHER FATHER { 12. Name **Dennis Kime**
 13. Birthplace **Randolph Co., N. Carolina**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Barbara C. Spoon**
 15. Birthplace **Randolph Co., N. Carolina**
 (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) _____
 (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? _____

16. (a) Informant's own signature **Barbara L. McZis**
 (b) Address **Willard, Missouri**
 17. (a) **burial** (b) Date thereof **9-28-1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Wesley's Cemetery**
 18. (a) Signature of funeral director **Wesley's Cemetery**
 (b) Address **Willard, Missouri**
 19. (a) **Sept. 26 1941** (b) **Mrs. Ralph Hughes**
 (Date received local registrar) (Registrar's signature)

Whills at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **W. M. Lutz** (M. D. or other) **W. M. D.**
 Address **Greenville, Mo** Date signed **9/26/41**

RECEIVED

Greene County Health Office,

County File Number 41-10-100

Also Filed 10/6/41

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 Mrs E. H. Greenwade

Licensed Embalmer No. 2095

P. O. Address Willard Missouri

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.