No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31663

Registration District No. 384 Primary Registration District No. 4227 Registrar's No.

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town WEST PLAINS Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 420 E. MAIN, OFFICE OF DR. R.E. HOGAN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community NONE.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SHANNON 101

(c) City or town "RURAL" 0
(If outside city or town limits, write "RURAL")

(d) Street No. BIRCH TREE, BIRCH TREE TWP. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME WILLIAM DOUGLAS DESKIN

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife VIOLA DESKIN

6. (c) Age of husband or wife if alive 64 years

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

8. AGE: Years 78 Months 3 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation NONE.

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant DEE DESKIN (SON)

(b) Address BIRCH TREE, MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUG 8, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation OAK FORREST CEM BIRCH TREE, MO.

18. (a) Signature of funeral director Hal Thomburgh

(b) Address WEST PLAINS, MO.

19. (a) 8-8-41 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 7 year 1941 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Aug 6, 1941, to Aug 7, 1941, that I last saw him alive on Aug 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to High Blood Pressure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

420

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 R. L. Davis (M. D. or other)

Address Birch Tree Mo Date signed 8/8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 88/1968
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~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Hal Thomburgh

Licensed Embalmer No. 3408

P. O. Address West Plains,

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

If this body is not embalmed, fact should be so stated above.