

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10678

State File No. _____

FILED APR 25 1942

Registration District No. 25

Primary Registration District No. DeKalb #160

Registrar's No. 8

32
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: DeKalb
 (a) County
 (b) City or town: Stewartsville Mo. (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: 11 yrs. (years, months or days)

3. (a) PRINT FULL NAME: Louis Frank Word
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 (Day) (Year)
 7. Birth date of deceased: June 3 1870 (Month) (Day) (Year)

8. AGE: Years 8 Months 23 If less than one day _____ hr. _____ min.

9. Birthplace: Clinton County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Merchant - Retired

11. Industry or business _____

MOTHER FATHER { 12. Name: William S. Word
 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name: Mary Snodgrass
 15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Lela Word (b) Address: Stewartsville Mo.

17. (a) _____ (b) Date thereof: March 1 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Stewartsville, Mo.

18. (a) Signature of funeral director: _____ (b) Address: _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: DeKalb
 (c) City or town: Stewartsville (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 26 day Feb year 1942 hour 8 minute 40 A.M.
 21. I hereby certify that I attended the deceased from Feb 20 1942 to Feb 26 1942 that I last saw h. l. m. alive on Feb 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis Duration Feb 26-42

Due to: Chronic myocarditis 1920

Due to: Cerebral Thrombosis 1938

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 93d Of autopsy: _____

Duration
1920
1938
PHYSICIAN
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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: M. Cantor (M.D. or other) D.O. Address: Stewartsville Mo. Date signed: Feb 29 1942

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.....

F. G. Ryan

Licensed Embalmer No. *952*.....

P. O. Address *Stewartville, 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, fact should be so stated above.