

5. No. 2  
-9-4-41  
5-17-39  
1 X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11438

State File No. \_\_\_\_\_

Registrar's No. 16

Registration District No. 1475

Primary Registration District No. 5795

7100

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

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town RURAL - OSAGE TWP  
(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 \_\_\_\_\_  
In this community 2 YEARS / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON

(c) City or town GRANITE-CITY 999  
(If outside city or town limits, write "RURAL") 1110

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM E. WILLIAMS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 23 day  
year 1942 hour 12 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. W 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife MINA L. DAY - DEC'D. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased FEB. 16<sup>TH</sup> 1892  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion death sudden

Duration \_\_\_\_\_

8. AGE: Years 50 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace MOSCOW MILLS MO  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) g & a

10. Usual occupation CARPENTER

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business SELF EMPLOYED

12. Name JAMES R WILLIAMS

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

14. Maiden name BERTHA KLINE

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

16. (a) Informant MRS EMMA KELLES

(b) Address GRANITE CITY, ILL.

17. (a) Removed (b) Date thereof 3-24-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTRAL 14 MO

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? 3

18. (a) Signature of funeral director J. C. Buzharski

(b) Address 1029

19. (a) March 24 1942 (b) Roy Berbestresser  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. C. Buzharski Coroner

Address 1029 Date signed 3-24-42

1029 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 4-42-393

Date Filed 4-13-42,

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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

*J. F. Keenan*

Licensed Embalmer No.

1596

P. O. Address

*Wesley 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.**