

FILED APR 28 1942
Registration District No. 1529

Primary Registration District No. 5224

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Strasburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Polk Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Strasburg (Polk Hosp.)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Bouzka Middleton
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 9 year 2 hour 4.5 minute A M.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Elizabeth Middleton (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from July 25, 1941 to Apr 9, 1942,
that I last saw him alive on Apr 5, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased: May 6 - 1868
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace: Cambden Point Ohio
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation: Farmer

Major findings: 93d
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name John A. Middleton
13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Fancy Jane Green
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Middleton
(b) Address Strasburg, Mo

17. (a) Burial (b) Date thereof 4/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of general director D. A. Nafziger
(b) Address Cleasart Bldg. Inc

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

19. (a) April 25, 1942 (b) Margaret Toller
(Date received local registrar) (Registrar's signature)

23. Signature W. Beckman (M. D. or _____) 0
Address Strasburg Mo Date signed 4/10/42

Duration about 9 months
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

D. N. Noflinger

Licensed Embalmer No.....

3938

P. O. Address.....

Pleasant Hill

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.