

FILED MAY 12 1942

Registration District No. _____

Primary Registration District No. 4100

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Keosauqua Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo (b) County Chariton
(c) City or town Keosauqua
(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.

3. (a) PRINT FULL NAME WILLIE STERLING - COUSINS

3. (b) If veteran, name war _____ 8. (c) Social Security No. 486-12-8857

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth Bell Cousins 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept 26th 1898
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Keosauqua (City, town, or county) Mo. (State or foreign country)

10. Usual occupation laborer (M.P.A.)

11. Industry or business _____

12. Name William Cousins

13. Birthplace 1 Town (City, town, or county) (State or foreign country)

14. Maiden name E. Lige Williams

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

16. (a) Informant Bessie Duggan

(b) Address Keosauqua Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Keosauqua Mo

18. (a) Signature of funeral director H. H. & G. H. Smith

(b) Address Keosauqua Mo

19. (a) Spiker (Date received local registrar) (b) R. L. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1942 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 10-30-41 19____ to 11-20-41 19____; that I last saw him alive on 11-20-41 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis Duration 5 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 8 months of death): 131 lb

Major findings: Of operations _____

Of autopsy _____

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) Means of injury 2

23. Signature W. L. ... (M. D. or other)

Address Keosauqua Mo Date signed 4-30-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-11-42

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keyteville 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, above space should be left blank.