

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 688

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pike

(b) City or town Jourmiana, Mo.

(c) Name of hospital or institution Pike Co Hospital
(If outside city or town limits, write "RURAL" and name of township)

(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 Pike 82

(c) City or town Jourmiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 718 N 3rd 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William J Walmsley

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 13
year 1942 hour 12 minute 45 p. M.

21. I hereby certify that I attended the deceased from 3/17/42
19 _____ to 4/13/42 19 _____

that I last saw him alive on apr 13 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ada Mackey Walmsley

6. (c) Age of husband or wife if alive Nov 28 - 1855 year _____

7. Birth date of deceased. (Month) _____ (Day) _____ (Year) 1855

Immediate cause of death

Chronic myocarditis

Chronic nephritis

Due to Arteriosclerosis

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

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8. AGE: Years 86 Months 4 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Insurance Agent

11. Industry or business Life insurance

12. Name James Walmsley

13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mackey

15. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Griffith

(b) Address Clarksville Mo

17. (a) Burial (b) Date thereof Apr 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Mo

18. (a) Signature of funeral director J. H. ...

(b) Address Jourmiana Mo

19. (a) 4/13/42 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 J. H. ... M. D. _____
Address Louisiana, Mo. Date signed 4/14/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 10

District File Number 5-42-998

Date Filed MAY 14 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.....

George A. Wagner
Licensed Embalmer No. 3773

P. O. Address Louisiana

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.