

FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23958

Do not use this space.

## 1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Stacy Primary Registration District No. 5-13-1  
 (c) City Stacy (d) Street No. 1 81420 Registered No. 238  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

William M. Rawson  
 (a) Residence, No. 2 Melville St.  (If not resident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Rawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1866

7. AGE YEARS 78 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.13. NAME H. K. (Don't know)14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) H. K. (Don't know)15. MAIDEN NAME H. K. (Don't know)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) H. K. (Don't know)17. INFORMANT (ADDRESS) Gary Rawson  
Stacy, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Russell DATE 7-3119. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. DeWitt  
Stacy, Mo.20. FILED 8-1-42 19 Belle Tinker  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 194222. I HEREBY CERTIFY, that I attended deceased from April 1942 to July 29 1942

I last saw him alive on July 28 1942 Death is said to have occurred on the date stated above, at 7:25 A.M.  
 The principal cause of death and related causes of importance were as follows:

Death Due to Pulmonary Tuberculosis, Tuberculous meningitis, & tuberculous peritonitis.

Other contributory causes of importance: Obesity, Malnutrition.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Fred Briggley M. D.(Address) Poplar Bluff, Mo.

RECEIVED  
District Health Office No. 2,  
District File Number 842-1017  
Date Filed 8-10-42

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**