

FILED JAN - 6 1943

Registration District No. **170**

Primary Registration District No. **5630**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **LACLEDE**
(b) City or town **LEBANON** (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **I R I.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **ALWAYS** (years, months or days)

3. (a) PRINT FULL NAME **WILLIAM AUGUSTINE**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **NOMA L. MIZER** 6. (c) Age of husband or wife if alive **44**
7. Birth date of deceased **OCT 15 1977**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 26 hr. min.

9. Birthplace **ST. LOUIS** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business

12. Name **WM. AUGUSTINE**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **NOT KNOWN**
15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. Augustine**
(b) Address **LEBANON MO**

17. (a) **BURIAL** (b) Date thereof **12-13-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BOLES CEM**

18. (a) Signature of funeral director **PALMER'S**
(b) Address **LEBANON MO**

19. (a) **12-10-42** (b) **Grace Roper**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **LACLEDE**
(c) City or town **LEBANON** (If outside city or town limits, write "RURAL")
(d) Street No. **R.I.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **10th**
year **1942** hour **4** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Aug 42**
40 to **Dec 10** 19 **42**
that I last saw him alive on **Dec 10** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death
myocardial failure **1 day**
Due to **Cardiovascular renal disease** **2 yrs**
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **none**
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

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

23. Signature **James L. Hope** (M. D. or other)
Address **Lebanon, Mo** Date signed **12/10/42**

JAN 7 - 1966

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..... Reyn Dethage
Licensed Embalmer No. 4333
P. O. Address Lakewood, Pa.

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.