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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7089**
Registrar's No. **5**

Registration District No. **237**

Primary Registration District No. **4353**

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Gideon

(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED: **72**

(a) State Mo. (b) County New Madrid

(c) City or town Gideon (If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____ **0**

3. (a) PRINT FULL NAME William Marshal Kerley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Mo. 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 11, 1939

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 2 20 hr. min.

9. Birthplace Gideon Mo. 0

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Artie Kerley

13. Birthplace West Frankfort Ill. 1 (City, town, or county) (State or foreign country)

14. Maiden name Hillegan Waddle

15. Birthplace Arford Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Artie Kerley

(b) Address Gideon Mo.

17. (a) Burial (b) Date thereof 2-3-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Edward Russell

(b) Address Gigart, Ark

19. (a) Feb. 3-43 (b) _____

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st year 1943 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1943 **0**

one time 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia, about 2 days

Due to Gun shot wound

Due to inflicted

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

Major findings: 184

Of operations _____ **37**

Of autopsy _____

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) accident

(b) Date of occurrence Jan. 9, 1943

(c) Where did injury occur? In home, 079 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work _____ (Specify type of work) Means of injury 3

23. Signature George R. Pennington (M. D. or other)

Address Gideon, Mo. Date signed 2-3-43

038 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 243-21

Date Filed 2-8-43

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, fact should be so stated above.