

10756

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104E/182

Primary Registration District No. 5679

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County LINN
 (b) City or town BAKER TWP. RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
10 MILES S.W. NEW/BOSTON
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 30 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM SHERMAN LAW
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife PERCIDA BYRD 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased FEB. 20, 1865
 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 10 If less than one day hr. _____ min. _____

9. Birthplace SCHUYLER CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER-LABORER

11. Industry or business _____

MOTHER FATHER
 { 12. Name FRANK LAW
 { 13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
 { 14. Maiden name SUSAN MIKLES
 { 15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Law
 (b) Address Kirkville, Mo

17. (a) BURIAL (b) Date thereof 4-2-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ROSE HILL CEMETERY

18. (a) Signature of funeral director Rusk Funeral Home
 (b) Address BROOKFIELD, Mo.

19. (a) 4-2-43 (b) Mrs Amy Montgomery
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County LINN
 (c) City or town BROOKFIELD
 (If outside city or town limits, write "RURAL")
 (d) Street No. 530 S. CALDWELL ST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MARCH day 30
 year 1943 hour 10 minute 00 P. M.
 21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him alive on March 28, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) HLR
 Major findings: _____
 Of operations _____
 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) _____
 (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) (a) Means of injury ?
 23. Signature Gilbert M. Thorgan (M. D. or other) D.O.
 Address Pender, Mo Date signed 4-1-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 XISSI
30-25-17-38

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. B. Wright*
Licensed Embalmer No..... *3718*
P. O. Address..... *Brookfield, 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.