

U.S. No. 2  
FORM-5-42  
Rev. 5-17-39  
I X32873

10905

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**LED APR 14 1943**  
STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 2281

Primary Registration District No. 4-3-3-1 5793

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Moniteau, Co.

(b) City or town Jamestown, Mo. Linn  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jamestown, Mo. / R.F.D. #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Moniteau

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

(d) Street No. Jamestown Mo. R.F.D. #2  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William B. Dearing

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** NO

**4. Sex** Male **5. Color or race** White

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Mary B. Dearing

**6. (c) Age of husband or wife if alive** 73 years

**7. Birth date of deceased** May 9 1864  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>25</u>	.....hr. ....min.

**9. Birthplace** Moniteau Co. 0  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business** \_\_\_\_\_

**12. Name** John Dearing

**13. Birthplace** North Carolina  
(City, town, or county) (State or foreign country)

**14. Maiden name** Maryn Coffey

**15. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. John Kease

**(b) Address** Jamestown, Mo. Rt #2

**17. (a) Burial** **(b) Date thereof** Mar. 8. 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Jamestown, Cemt.

**18. (a) Signature of funeral director** Bowlin Funeral Home

**(b) Address** California, Mo.

**19. (a) March 8 - 1943 (b) Grace Gutzsch (Date received local registrar) (Registrar's signature)**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 6  
year 1943 hour 9/30 minute \_\_\_\_\_ A. M.

**21. I hereby certify that I attended the deceased from** 2-28  
1942 to 3-6 1943  
that I last saw him alive on 2-28 and that death occurred on the date and hour stated above.

**Immediate cause of death** Influenza + pneumonia  
**Duration** 1 hr

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 330

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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)** \_\_\_\_\_

**(e) Means of injury** 0

**23. Signature** A. R. Wurdeth **(M. D. or other)** \_\_\_\_\_  
**Address** Warren Home Uca **Date signed** 3-8-43

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

68  
00

68

0

1

0

Duration  
1 hr

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Earl R. Bowlin  
Licensed Embalmer No. 2126  
P. O. Address California, Ill.

**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.**