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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19309

FILED JUN 11 1943

Registration District No. [illegible]

Primary Registration District No. 6209

Registrar's No. 19

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town RURAL PINEY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State MO (b) County TEXAS 0

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

(d) Street No. 2 MI NORTH HOUSTON, MO (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM SCOTT OATES

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife OTHELIA OATS

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

7. Birth date of deceased JUNE (Month) 30 (Day) 1861 (Year)

8. AGE: Years 81 Months 10 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) OHIO (State or foreign country) 1

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant I. O. HANES

(b) Address HOUSTON, MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation ADRIN, MO

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Houston, Mo

19. (a) 5/15/43 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12 year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from SEPT., 1938, to MAY 12, 1943 that I last saw him alive on MAY 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death DECOMPENSADED DEGENERATIVE HEART DISEASE	
Due to	
Due to	
Other conditions SENILITY (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. M. Dillman (M. D. or other) M.D

Address Houston Mo Date signed 5-12

1240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 643358
Date Filed 6-8-48

OCT 19 1944

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.