

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Simpson
20794
State File No. _____
Registrar's No. 139

FILED JUL 10 1943

Registration District No. 8

Primary Registration District No. 3-0-76-5120

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 88 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Route 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM NEWTON CARUTHERS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mahala 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased 5 - 28 - 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name T.H. Caruthers Kentucky

13. Birthplace _____ (State or foreign country)

14. Maiden name America Elliott

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

16. (a) Informant W.B. Caruthers
(b) Address Route 5, Columbia, Mo.

17. (a) Burial (b) Date thereof 6-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence

18. (a) Signature of funeral director Parsons, F. S.
(b) Address Columbia, Mo.

19. (a) 6-5-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1943 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from May 28 1943 to June 4 1943
that I last saw him alive on May 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial

Due to Chronic Bright's Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1316
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)
(f) Means of injury _____

23. Signature Lloyd Simpson M.D. or other _____
Address 506 Cherry St Date signed 6-5-43

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

MOTHER FATHER

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 *M. S. W. Peterson*
Licensed Embalmer No. 3893
P. O. Address Columbia

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.