

S. No. 2
1-9-44
7-5-11
PI 22224

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25303

FILED AUG 11 1943
Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County 14

(c) City or town Lanston (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 2

3. (a) PRINT FULL NAME Frank Williams

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from July 27
1943 to July 29 1943
that I first saw him alive on July 27 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased: Aug 23 1879
(Month) (Day) (Year)

Immediate cause of death: Encephalitis

Due to _____

Due to _____

8. AGE: Years 63 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace: Scotland Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Williams

13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everett G. Gules

(b) Address Philad. Penn

Major findings: Of operations _____

Of autopsy _____

17. (a) Burial (b) Date thereof July 31 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North City, Penn

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? _____

18. (a) Signature of funeral director North City, Ind

(b) Address North City, Ind

While at work _____ (Specify type of place)

23. Signature James H. Roberts (M. D. or other) MD

Address North City, Mo Date signed 7-29-43

19. (a) July 31 1943 (b) Mrs. Miller Eagle
(Date received local registrar) (Registrar's signature)

1180 (Licensed Embalmer's Statement on Reverse Side)

43-7-628

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 myself.

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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, fact should be so stated above.