

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 231

FILED SEP 13 1943

Registration District No.

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 70 years, months or days) (Specify whether

3. (a) PRINT FULL NAME William Augustus Regale

3. (b) If veteran, name war ✓

3. (c) Social Security No. 1

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mollie Regale

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased June 2 - 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>24</u>hr.min.

9. Birthplace Richie Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name David W. Regale

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

14. Maiden name Edith Stafford

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

16. (a) Informant Geo. D. Regale

(b) Address Lallata Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Lallata Mo

18. (a) Signature of funeral director D. S. Christie

(b) Address Lallata Mo

19. (a) 9/1/43 (Date received local registrar) (b) M. J. Wayner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

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

(d) Street No. ✓ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th
year 1943 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from August 27th 1943, to August 26 1943
that I last saw him alive on August 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture right femur of hip

Due to.....

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

Duration
1 WK

PHYSICIAN
1860
18

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) Accident

(b) Date of occurrence 8/26/43

(c) Where did injury occur? Lallata Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? No (Specify type of place) (e) Means of injury Fall wooden

23. Signature W. Regale (M. D. or other)
Address Richsville Mo Date signed 9/26/43

JAN 7 1944

RECEIVED

District Health Officer [redacted]

District File Number 9-43-1499

Date Filed SEP 10 1943

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address Toledo 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.