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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32145

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

FD OCT 8 1943 24  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3046-5796

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution:  
Moniteau Co. Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 year  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau <sup>68</sup>

(c) Califonia Mo rural  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 11

3. (a) PRINT FULL NAME TOM BRIZENDINE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1943 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 1944 to Sept 15 1943  
that I last saw him alive on Sept 14 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 1

6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased: April (Month) 1856 (Day) (Year)

Immediate cause of death Chronic myocarditis <sup>2 year</sup>

Due to Generalized arteriosclerosis <sup>10 year</sup>

8. AGE: Years 87 Months 5 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Genm 1 (State or foreign country)

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

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

Major findings: 93d

10. Usual occupation retired farmer

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

12. Name unknown

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

14. Maiden name unknown

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

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

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Childress  
(b) Address James town Mo.

17. (a) burial (b) Date thereof 9-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Zion Cemetery

18. (a) Signature of funeral director W. W. Wilson & Son  
(b) Address California, Mo.

19. (a) 9-16-43 (b) g. g. Allred  
(Data received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Kenneth Latham (M. D. or other) \_\_\_\_\_  
Address California, Mo. Date signed 9-16-43

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

MOTHER FATHER

1312

(Licensed Embalmer's Statement on Reverse Side)

**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..... *A. E. Wilson*.....  
Licensed Embalmer No. *2357*.....  
P. O. Address. *California, Me.*.....

**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.**