

FILED DEC 2 1943
231

State File No. _____

Registration District No. _____

Primary Registration District No. 4346

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City, Mo
(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: 0

3. (a) PRINT FULL NAME WILLIAM PINE

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Oct 19 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 22 If less than one day, hr. _____ min. _____

9. Birthplace Montgomery Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lena Brandenburg

(b) Address Montgomery City, Mo

17. (a) Burial (b) Date thereof Nov 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cemetery

18. (a) Signature of funeral director J. H. Harlow

(b) Address Montgomery City, Mo

19. (a) Nov 16 - 1943 (b) Mrs. L. E. Brandenburg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1943 hour 2 minute 7 A. M.

21. I hereby certify that I attended the deceased from November 2nd 1939, to Nov. 11 1943
that I last saw him alive on Nov. 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral & Liver Bronchitis

Due to: Pulmonary Tuberculosis

Due to: _____

Other conditions (Including pregnancy within 3 months of death): Generalized Arteriosclerosis

Major findings: Of operations _____

Of autopsy: 12/1

Duration
4 yrs
4 yrs

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 _____

23. Signature E. J. Anderson, M.D. (M. D. or other) M.D.

Address Montgomery City, Mo. Date signed 11/12/43

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

This Body was not Embalmed

Joseph A. Warner

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 

Licensed Embalmer No.....

P. O. Address.....

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.