

FILED DEC 20 1943
Registration District No. 351

Primary Registration District No. 4516

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

1. PLACE OF DEATH:

(a) County Taney

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Taney

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME William M. Middleton

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 MARRIED

6. (b) Name of husband or wife LILLIE MIDDLETON

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased APRIL 4, 1878
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>65</u> | <u>7</u> | <u>7</u> | hr. _____ min. _____ |

9. Birthplace KIRBYVILLE, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER

12. Name JACK MIDDLETON

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

14. Maiden name MARtha JENNINGS

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

16. (a) Informant KONNIE L. PARRISH

(b) Address FORSYTH, MO.

17. (a) BURIAL (b) Date thereof NOV. 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swan Cemetery

18. (a) Signature of funeral director Harry Fawcett

(b) Address Forsyth, Mo.

19. (a) 11-12-43 (b) Jeannette Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1943 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 8 1943 to Nov 11 1943
that I last saw him alive on Nov 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage 3 days

Due to Arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 83a1

Major findings: Of operations _____

Of autopsy _____

Duration

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)

(c) Means of injury _____

23. Signature Harry Fawcett (M.D. or other) _____

Address Forsyth, Mo. Date signed 11-12-43

DEC 20 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 Minnie J. Welchel

Licensed Embalmer No. 2277

P. O. Address Braunton 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.