DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1944

Registration District No. 69

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5273

State File No. 10689

Registrar's No. 4

1. PLACE OF DEATH:

(a) County: Christian

(b) City or town: rural ~~Porter No. Galloway~~
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 months. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Christian

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

(d) Street No.: Ozark R#2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: William Albert Washam.

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Dec. 27, 1866 (Month) (Day) (Year)

8. AGE: Years 77 | Months 1 | Days 9 | If less than one day hr. min.

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

10. Usual occupation: farmer

11. Industry or business:

FATHER
12. Name: Matthew Washam
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature: Sherman Washam

(b) Address: Ozark, Mo. R#2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 8, 44 (Month) (Day) (Year)

(c) Place: burial or cremation: Jones Cemetry

18. (a) Signature of funeral director: T.W. Maples

(b) Address: Clever, Mo.

19. (a) 2-8-44 (Date received local registrar) (b) Lois B. Wood (Registrar's signature)

Mary Spears

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 22, 1944, to Feb 4, 1944; that I last saw him alive on Feb 4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial degeneration	5 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis	10 yr

Major findings:
Of operations: 131 P
Of autopsy:

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: G.A. Turner ~~(Title or position)~~ MD.

Address: Mtza, Mo Date signed 2-8-44

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 2 9 1944

RECEIVED
District Health Officer No. 6
District File Number 344-312
Date Filed MAR 15 1944

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.