

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18982

State File No. _____

FILED JUN 12 1944

Registration District No. 297

Primary Registration District No. 60223057

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 Miles North East
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Thimas File

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella G. File
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 10 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Greenville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Phillip File

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

14. Maiden name Elizabeth Long

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

16. (a) Informant Mrs. Ella G. File

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof May 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.

19. (a) 5/10/44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
1944 year hour 3 minute A. M.

21. I hereby certify that I attended the deceased from May 1943 19____ to May 8 - 1944 19____
that I last saw him alive on May 7 - 1944 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple sclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 87d

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)
(e) Means of injury 0

23. Signature [Signature] (M. D. or other) _____
Address Richmond, Mo. Date signed May 11 1944

WHITE PRINT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
43
39
15997

1240

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-10-44

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, by

Registered Apprentice No.

working under my personal supervision.

Signed

E. M. ...

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.