

FILED AUG 9 1944

State File No.

Registration District No. 32

Primary Registration District No. 5111

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural
(c) Name of hospital or institution: Liberty
(If outside city or town limits, write "RURAL", and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years
In this community 45 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Wilferth
3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie Wilferth 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 26 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Fred Wilferth

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

14. Maiden name Unknown

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

16. (a) Informant Fred Wilferth

(b) Address Poplin, Mo.

17. (a) Burial (b) Date thereof July 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stroderville Cem.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Butteville, Mo.

19. (a) 7/3/44 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Poplin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1944 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: No medical attention
Probably coronary occlusion

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a
Of operations:

Of autopsy:

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) (c) Means of injury: 3 coroner

23. Signature J. L. Graham Butteville, Mo.
(City or town) (County) (State) Date signed 7-3-44

Address:

Date signed:

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

RECEIVED

District Health Officer No. 4

District File Number 844-4156

Date Filed 8-7-44

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, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

J. E. Graham

Licensed Embalmer No.

4010

P. O. Address

Antisville, Tenn

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.