

S. No. 2
M-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28480
Registrar's No. 42

FILED SEP 10 1944
267

Registration District No. 267 Primary Registration District No. 3049

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town HAYTI, MISSOURI
(c) Name of hospital or institution
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Peach Orchard, Mo
(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 Calvin Vires
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18
year 1944 hour 5 A.M. minute M.

4. Sex MALE 5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Williams Vires
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased JANUARY 12 1899
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
45 7 6 hr. min.

Immediate cause of death
Death due to internal injuries found on 84 highway, St. Hwy & Mo.
Other conditions (Including pregnancy within 3 months of death)
1700-8
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 18 - 1944
(c) Where did injury occur? Highway, Mo Pemiscot
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway
While at work? (Specify type of place) Auto
Means of injury

9. Birthplace Chester County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Deputy Sheriff

11. Industry or business

MOTHER { 12. Name Jesse Vires
13. Birthplace Chester County Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name SUE E. FARNE
15. Birthplace Chester County Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Williams Vires
(b) Address Peach Orchard, Mo

17. (a) BURIAL (b) Date thereof 8-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tenn.
18. (a) Signature of funeral director W. S. Smith Funeral Home
(b) Address 808 Wardline Cambridge, Mo

19. (a) 8-22-44 (b) JA Johnson
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations
Of autopsy
1700-8
21
Underline the cause to which death should be charged statistically.

23. Signature J. V. Moore
Address Hayti, Mo Date signed 8/18/44

8-44-211

JUL 15 1947

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 *Walter A. Haerbers*

Licensed Embalmer No. *2002*

P. O. Address *Kenilworth*

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.