

FILED OCT 15 1944

Primary Registration District No. 5229

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill (Rural)
(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 Cass
(c) City or town Pleasant Hill (Rural)
(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 Wilmoth

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July-15-1935
(Month) (Day) (Year)

8. AGE: Years 9 Months 2 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name William Wilmoth

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

14. Maiden name Margaret Standley

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

16. (a) Informant Mr. William Wilmoth

(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof 10/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director W. W. ...

(b) Address Pleasant Hill Mo

19. (a) Oct. 14 1944 (b) Margaret ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1944 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 1, 1944 to Oct. 8, 1944
that I last saw her alive on Oct 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho - Pneumonia Duration 9 days

Due to _____
Due to 87

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carbo - spinal spine Paralysis
Of operations _____

Of autopsy _____
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
22. (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 _____

23. Signature W. W. ... (M. D. or other)

Address Pleasant Hill Mo Date signed 10/14/44

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

1900

1047

(Licensed Embalmer's Statement on Reverse Side)

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 *D. D. Nofsinger*.....

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill*

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.