

FILED JAN 15 1945

Registration District No. 11

Primary Registration District No. 5038

Registrar's No. 82

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

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Washburn, Rural "Ash Twn."  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community most of life  
years, months or days

3. (a) PRINT FULL NAME William L. Main

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 M

6. (b) Name of husband or wife Lora Main 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. 20 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Benj. F. Main

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Brunson

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lora Main  
(b) Address Washburn, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/14/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Hiskman Cem. Washburn

18. (a) Signature of funeral director W. D. Moore  
(b) Address Cassville, Mo.

19. (a) Dec 12-44 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry  
(c) City or town Washburn - "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Ash Twn. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1944 hour 8 minute - P. M.

21. I hereby certify that I attended the deceased from June 14, 1943 to Nov. 24, 1944 that I last saw him alive on Nov. 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Duration 2 years.

Due to Submaxillary

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 55 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 3

23. Signature E. M. Dillard (M. D. or other) Cassville, Mo. Date signed 12/16/44

RECEIVED

District Health Officer No. 6,

District File Number 145-24

Date Filed JAN 12 1945

**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.....

*E. M. Janner*

Licensed Embalmer No. 3453

P. O. Address Cassville, 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.**