

U.S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41983**
Registrar's No. **233**

Registration District No. **K7** Primary Registration District No. **3056**

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

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **The Coonrod Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** (Specify whether)

In this community **1 day** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Chariton 21**

(c) City or town **Rural** (If outside city or town limits, write "RURAL")

(d) Street No. **2-Mile N. of Dalton** (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM L. Mc DEARMON**

3. (b) If veteran, name war **V**

3. (c) Social Security No. **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17**
year **1944** hour **4** minute **200** M.

21. I hereby certify that I attended the deceased from **Nov. 16**, 19**44**, to **Nov. 17**, 19**44**
that I last saw him alive on **Nov. 17**, 19**44**
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife **L** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 7 1864**
(Month) (Day) (Year)

Immediate cause of death **Peritonitis** Duration **12 h.**

Due to **Strangulated Hernia** **30 h.**

Due to _____ **122a'**

8. AGE: Years **80** Months **6** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Trenton Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

11. Industry or business _____

12. Name **John Mc Deamon**

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

14. Maiden name **Ellen Blackburn**

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

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

Major findings: Of operations **7 ft. dead bowel.**

Of autopsy _____

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

16. (a) Informant **H. H. Rogers**

(b) Address **Dalton MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 19-1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Kaytown**

18. (a) Signature of funeral director **Kaytown**

(b) Address **Kaytown MO**

19. (a) **11-17-44** (Date received local registrar) (b) **Irma Nave** (Registrar's signature)

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 **D. L. McCornick** (M. D. or other) **M.D.**

Address **Moberly MO** Date signed **11-17-44**

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-44-2007

Date Filed DEC 14 1944

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 A. D. Barrett

Licensed Embalmer No. 3046

P. O. Address Keytwill Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.