

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42366
Registrar's No. 116

Registration District No. 378

Primary Registration District No. 6285

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural R.F.D. # 3 (Rural) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years (Specify whether years, months or days)
In this community 9 years

3. (a) PRINT FULL NAME William Horatio Bement

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth Bement 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased January 12 1870 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Oliver Bement

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

14. Maiden name Marie Bates

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

16. (a) Informant Mrs. Lizzie Bement

(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof Nov. 27, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stubbs Cemetery

18. (c) Signature of funeral director George Stapp

(b) Address Stapp Mtn Grove Mo

19. (a) 12-5-44 (b) H. M. Lower (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month November day 25 year 1944 hour 1 minute A.M.

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 Probably Coronary Thrombosis
Due to found dead in bed
and died without medical aid.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (c) Means of injury

23. Signature Geo Stapp (M.D. or other) 3
Address Stapp Mtn Grove Mo Date signed 11/27/44

1233 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1244-1353

Date Filed DEC 12 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

George Stapp

Licensed Embalmer No.

3161

P. O. Address

Mrs. Mary Ann

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.