

Primary Registration District No. 5819

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

1. PLACE OF DEATH:

(a) County MORGAN OSAGE TWP.

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

(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 LIFE TIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MORGAN

(c) City or town RURAL - VERSAILLES MO
(If outside city or town limits, write "RURAL")

(d) Street No. 7 MI. S. OF VERSAILLES
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALDO F. BIAS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 22ND
year 1945 hour 6 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct 26, 1939 to Feb 22, 1945
that I last saw him alive on Feb 22, 1945
and that death occurred on the date and hour stated above.

4. Sex MA 5. Color or race W

6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife MINNIE P. SPOOR

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased SEPT 22ND 1911
(Month) (Day) (Year)

Immediate cause of death pulmonary tuberculosis Duration 4 yrs 4 mos

8. AGE: Years 34 Months 5 Days - If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace MORGAN CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business _____

12. Name CLARK BIAS

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

14. Maiden name JENNIE HASTY

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Minnie Bias

(b) Address Versailles Mo

17. (a) Burial (b) Date thereof 2-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES MO

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? _____

18. (a) Signature of funeral director A. J. T. Smith

(b) Address Versailles Mo

19. (a) 2-23-1945 (b) Roy Berpatterson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. J. Gunn (M. D. or other) _____
Address Versailles Mo Date signed 2/23/45

MAR 2 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

H. F. Kimmel

Licensed Embalmer No.

1596

P. O. Address

Kimmel Ave

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.