

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33361

State File No. _____

FILED NOV 3 1945

Registration District No. 50

Primary Registration District No. 5180

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Candeur

(b) City or town Decaturville (If outside city or town limits, write "RURAL" and name of township) W. Allen dr

(c) Name of hospital or institution: Farm Home Barn 3
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Candeur 15

(c) City or town Decaturville Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME William Odus Esther

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I VIEWED attended the deceased from _____
to Oct 3, 1945

that I last saw him alive on _____, 1945
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Audra Claiborne 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb 8 1884
(Month) (Day) (Year)

Immediate cause of death Internal Hemorrhage Duration _____
gun shot wounds
in right temple

8. AGE: Years Months Days If less than one day

61 7 25 hr. min.

Due to _____

Due to ill health

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

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

10. Usual occupation Farmer, Stockman

11. Industry or business Banker - & Co. Official

12. Name Joe Esther

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

14. Maiden name Mrs. Ellen Rogers

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

Major findings: Of operations none

Of autopsy none 16/4

Underline the cause to which death should be charged statistically.

16. (a) Informant Chas Shrimphure

(b) Address Sain Creek, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5-45 (Month) (Day) (Year)

(c) Place: burial or cremation Letayan Cem. Bankson-Woolery

18. (a) Signature of funeral director Candeur, Mo

(b) Address Candeur, Mo

19. (a) Oct 4-1945 (Date received local registrar) (b) Zilpha J. Trout (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Oct 3-1945

(c) Where did injury occur? Decaturville Candeur Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm - Barn

While at work? no (Specify type of place) (e) Means of injury gun shot

23. Signature B. Woolery (M.-D. or other) county coroner

Address Candeur, Mo Date signed Oct 4-45

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

RECEIVED

District

District

Date filed

Case No. 7,1056

1-0-45-1000

11-2-45

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 *Albie Banksou Tolson*

Licensed Embalmer No. 2488

P. O. Address *Camdenton 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.