. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38714

Registration District No. 323 Primary Registration District No. 4476 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Downing
(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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler 98
(c) City or town Downing 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME George Washington March
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced W V
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 16 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	14	hr. min.

9. Birthplace (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James March
13. Birthplace (City, town, or county) — 9 (State or foreign country)
MOTHER
14. Maiden name Sarah Crabtree
15. Birthplace (City, town, or county) — 9 (State or foreign country)
16. (a) Informant Christie West
(b) Address Downing
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Williamsville
18. (a) Signature of funeral director Loyd Moore
(b) Address Downing Mo
19. (a) Oct. 5-45 (Date received local registrar) (b) A. J. Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 30 year 1945 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 10, 1945, to Sep 29, 1945 that I last saw him alive on Sep. 29 - 45, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Due to following Cancer of Prostate Gland and Bladder.
Due to Uraemic Poisoning
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy None 5 lb

Duration

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? None
(Specify type of place)
While at work? — (e) Means of injury None
23. Signature H. E. Gerwig (M. D. ~~or other~~)
Address Downing Mo Date signed Oct. 4/45

1493 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1769
Date NOV 27 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 me

; Registered Apprentice No.

working under my personal supervision.

Signed Loyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.