No. 2
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-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3679

FILED JAN 28 1946

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township) Mo
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs. In this community 46 - 11 - 26 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Bowling Green (If outside city or town limits, write "RURAL") 1
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William R. Hume
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Jewell Hume
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Dec (Month) 14 (Day) - 1898 (Year)

8. AGE: Years 46 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Bowling Green (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Operator of Gas & Oil
11. Industry or business filling Station
FATHER
12. Name Edwin Hume
13. Birthplace Ky. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Sadie Lindgren
15. Birthplace Hannibal (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Jewell Hume
(b) Address Bowling Green
17. (a) Burial (Burial, cremation, or removal) 0 (b) Date thereof Dec. 16-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green Cem.
18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green
19. (a) Dec 16/45 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1945 hour 5 minute 47 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot in Head Inflicted by self

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

16 4 e

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence Dec 14 - 1945
(c) Where did injury occur? Bowling Green (City or town) Pike (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in the house (Specify type of place)
While at work? No (e) Means of injury Shot
23. Signature S A Gordon Coroner (M. D. or other)
Address Louisiana Mo Date signed 12-15-45

255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-177
Date Filed JAN 25 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.