. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6526

Registration District No. 227 Primary Registration District No. 5865 Registrar's No. 2

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town Rural Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Infirmery 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community I Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

(c) City or town MONROE CITY 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. 210 W. Dover St 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM WIMSATT

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST (Month) 24 (Day) 1866 (Year)

8. AGE: Years 79 Months 4 Days 18 If less than one day hr. min.

9. Birthplace MONROE COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business

FATHER
12. Name MARCELLUS WIMSATT
13. Birthplace (City, town, or county) KENTUCKY 1 (State or foreign country)

MOTHER
14. Maiden name MARTHA ANN MONTGOMERY
15. Birthplace (City, town, or county) KENTUCKY 1 (State or foreign country)

16. (a) Informant Elmer Montgomery
(b) Address Monroe City Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 13/46 (Month) (Day) (Year)
(c) Place: burial or cremation St Stevens MONROE CO

18. (a) Signature of funeral director Wilson Sons
(b) Address Monroe City Mo

19. (a) Jan 12-46 (Date received local registrar) (b) Elmer Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 11 year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1946, to Jan 11, 1946 that I last saw him alive on Jan 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Labor Pneumonia	6 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 108
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Geo M. Kepler (M. D. or other)

Address Paris Mo Date signed

205

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-285
Date Filed FEB 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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.