

FILED APR 10 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 171

Primary Registration District No. 42665637

Registrar's No. -1-

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Wellington (Rural) Clay
(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 83 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Wellington Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. S.E. of Wellington, Mo
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LUTHER C. FILES

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 2 divorced Widowed
 6. (b) Name of husband or wife Juanes, B.
 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
 7. Birth date of deceased June 6 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 20
 If less than one day hr. _____ min. _____

9. Birthplace Lafayette Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Joseph Files
 13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Jannema Murphy
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Jeannette Files

(b) Address Wellington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Odeesa, Mo. Burial

18. (a) Signature of funeral director Even Zined Home

(b) Address Wellington Mo.

19. (a) March 28, 1946 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 26
 year 1946 hour 8 minute 10 A.

21. I hereby certify that I attended the deceased from Mar 19 1946 to Mar 24 1946
 that I last saw him alive on Mar 24 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
hypertension
 Duration 1 wk

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 83.0
 Of operations _____

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?

While at _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Odeesa Mo. Date signed 3/27/46

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

8865

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-9-46.....

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 *W. P. Cullen*.....

Licensed Embalmer No. 4305.....

P. O. Address Wellington MD.....

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: