S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22835

FILED JUL 29 1946

Registration District No. 73 Primary Registration District No. 3007 Registrar's No. 234

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community ..... years, months or days)

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

3. (a) PRINT FULL NAME WILLIAM HEADRICK
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male O
5. Color or race white
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 14 (Day) 1878 (Year)

8. AGE: Years 68 Months 0 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Butler Co. (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation None
11. Industry or business .....
FATHER
12. Name Bill Headrick
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Eliza Durrow
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant C.A. Headspeth
(b) Address Williamsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rucker Cemetery
18. (a) Signature of funeral director R.J. Selig
(b) Address Black's Mortuary, Corning Ark.
19. (a) 7-18-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1946 hour 3:15 minute P M.
21. I hereby certify that I attended the deceased from July 6, 1946 to July 8, 1946 that I last saw him alive on July 8, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot wound of brain - self inflicted	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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) apparent suicide
(b) Date of occurrence July 6, 1946
(c) Where did injury occur? Williamsville (City or town) (County) Butler, Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? — (e) Means of injury Gunshot
23. Signature [signature] (M. D. or other)
Address Poplar Bluff Mo. Date signed 16 July 46

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

21698

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 746-878
Date Filed 2-22-46

OCT 9 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 Roman J. Selig Jr.

Licensed Embalmer No. 1562

P. O. Address Corning Ark

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.