

FILED JUL 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. 23139

Registration District No. 93

Primary Registration District No. 5331

Registrar's No. 50

1. PLACE OF DEATH: Dale  
 (a) County Dale  
 (b) City or town Arcola  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution City Street /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 70 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM T. UNDERWOOD  
 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, widowed  
 6. (b) Name of husband or wife Charity E.  
 6. (c) Age of husband or wife if alive 26 years  
 7. Birth date of deceased March 26 1876 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Arcola Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER  
 12. Name John Underwood  
 13. Birthplace No Record 9 (City, town, or county) (State or foreign country)  
 14. Maiden name Jane Underwood  
 15. Birthplace No Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Clay Underwood  
 (b) Address Arcola, Mo

17. (a) Burial (b) Date thereof 7-5-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director Sam E. Semmes Jr.  
 (b) Address Greenfield Mo.

19. (a) 7-6-46 (b) W. L. Weir (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Dale 2<sup>o</sup>  
 (c) City or town Arcola  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. City Street (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 15 1946 to July 3 1946 and that I last saw him alive on July 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
 Duration  
 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)  
 (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 work? (Specify type of place) (e) Means of injury

23. Signature: J. L. Cowan (M. D. or other)  
 Address: L. Campbell Rd. Date signed: 7-6-46

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

21905

**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 *Sam C. Sensemer Jr*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, 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.**