

FILED Jul 26 1946

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Wernier

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

(c) Name of hospital or institution State Hospital #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 yr 1 mo
In this community 5 years 1 month
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Jasper
(If outside city or town limits, write "RURAL")

(d) Street No. Warden St 72 main
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM SCOTT

3. (b) If veteran, name war no 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 1-3-1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1946 hour 5 minute 47 A.M.

21. I hereby certify that I attended the deceased from 7-13-46 to 7-14-46
that I last saw her alive on July 14, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation domestic worker

11. Industry or business _____

12. Name John Post

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Post

15. Birthplace ✓
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Nevada no

17. (a) Burial (b) Date thereof 7-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Walter General Berge
(b) Address Nevada no

19. (a) 7-18-46 (b) Waltham Jancey
(Date received local registrar) (Registrar's signature)

Immediate cause of death Heart disease

Due to Syphilis

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no

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 and 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 _____

23. Signature W. H. Vall (Date, P. or other)
Address Nevada no Date signed 7-14-46

Date Filed

6-46-77

7-23-76

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Allen S. Kays

Licensed Embalmer No. *1968*

P. O. Address *Nevada 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.