

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39376

FILED DEC 6 1946
Registration District No. 352

Primary Registration District No. L 191

Registrar's No. 7711210

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

1. PLACE OF DEATH:

(a) County Janey

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED: 10 years total

(a) State Mo (b) County Janey

(c) City or town Walnut Shade, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Andrew Alms

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 46 hour 6 minute 00 A M.

21. I hereby certify that I attended the deceased from November 4, 1946 to _____, 1946, that I last saw him alive on November 4, 1946, and that death occurred on the date and hour stated above.

4. Sex male () 5. Color or race W

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

6. (b) Name of husband or wife Mary Alms alive _____ years

6. (c) Age of husband or wife if _____ (Day) (Year)

7. Birth date of deceased April 15 1989
(Month) (Day) (Year)

Immediate cause of death Overwhelming toxemia

Due to Carcinoma of stomach

Due to _____

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

8. AGE: Years Months Days If less than one day

76 7 19 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name unknown 9

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

14. Maiden name unknown 9

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

16. (a) Informant Mary Alms

(b) Address Walnut Shade, Mo

17. (a) Burial (b) Date thereof 11-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut shade, Mo

18. (a) Signature of funeral director R. O. Wheeler

(b) Address Branson, Mo

19. (a) 11-6-46 (b) E. Cogwell
(Date received local registrar) (Registrar's signature)

Major findings: H6 B

Of operations _____

Of autopsy _____

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 W. C. [unclear] (M. D. or other) _____

Address Janey, Mo Date signed 11-6-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1246-1197

Date Filed DEC 5 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 Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Princeton 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.