

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5831

FILED MAR 12 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Proberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCarroll Hospital
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Proberly
(If outside city or town limits, write "RURAL")
(d) Street No. 316 - Madison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WILLIAM THOMAS POSEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June - 2 - 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Carpenter

11. Industry or business Wabash Railroad

12. Name Richard Posey

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

14. Maiden name Mary Ann Fruitman

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

16. (a) Informant Miss Vada Posey

(b) Address 316 Madison Proberly MO

17. (a) Burial (b) Date thereof Feb 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Proberly Missouri

19. (a) Feb 24 47 (b) John Williamson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd year 1947 hour 10 minute 01 P.M.

21. I hereby certify that I attended the deceased from February 20th 1947 to February 22 1947 that I last saw him alive on February 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Double Hyperstatic Pneumonia
lobar
Due to senility

Duration

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 706

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 2

23. Signature Benjamin J. Gilly (M. D. or other) MD
Address 203 1/2 N. Main Proberly Date signed 2-23-47

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

MOTHER FATHER

269

RECEIVED
MAY 10 1947
3:42:45
MAR 11 1947

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..... *P. M. Carter*.....
Licensed Embalmer No. *4117*
P. O. Address *Proberly 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.