

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17259

State File No. _____

FILED JUN 5 1947

Registration District No. 138

Primary Registration District No. 5526

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Hickory

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

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

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

In this community 4 days

3. (a) PRINT FULL NAME Paxton Wiley Outlaw

3. (b) If veteran, name war No

3. (c) Social Security No. 496-09-0874

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Grace Outlaw

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

7. Birth date of deceased March 28 - 1903
(Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Limestone County Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER { 12. Name J. R. Outlaw

13. Birthplace Little Rock Ark
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Cannon

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

16. (a) Informant Calvin Outlaw

(b) Address Kansas City, Mo

17. (a) REMOVAL (b) Date thereof 5-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL Mt. Washington Cemetery

18. (a) Signature of funeral director Gilbert Hathaway

(b) Address Whittland, Mo

19. (a) May 24-47 (b) W. P. Hargiss
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 120 South Topping
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23
year 1947 hour 7 minute N.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw her live on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arterial Sclerosis

Due to _____

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

Major findings: Of operations AAA

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 LI

23. Signature W. P. Hathaway (M. D. or other) DO
Address Whittland, Mo Date signed 5/29/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 5-42263
Date Filed 6-3-47

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 *Chas Gilbert Hathaway*
Licensed Embalmer No. *4267*
P. O. Address *Wheatland, Md*

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.