No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20316

State File No.

Registration District No. 59 Primary Registration District No. 4095 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Cass.

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

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

(d) Length of stay: In hospital or institution Does Not apply. (Specify whether)

In this community 42 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19

(c) City or town Drexel. (If outside city or town limits, write "RURAL") 1

(d) Street No. Main Street. (If rural, give location) 0

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

If yes, name country Does not apply.

3. (a) PRINT FULL NAME JOSIAH WILLIAMS GEORGE.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Elsie L. George.

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased July, (Month) 1, (Day) 1859. (Year)

8. AGE: Years 87 Months 11 Days 22. If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer & Stockman, Retired.

11. Industry or business General Stock Buyer.

FATHER
12. Name F. M. George,
13. Birthplace (City, town, or county) Kentucky. (State or foreign country)

MOTHER
14. Maiden name Martha Williams,
15. Birthplace (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant J. E. George,

(b) Address Drexel, Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/25/47. (Month) (Day) (Year)

(c) Place: burial or cremation Freeman, Mo. Cemetery.

18. (a) Signature of funeral director [signature]

(b) Address Drexel, Mo.

19. (a) 6-24-47 (Date received local registrar) (b) Laura J. Jones (Registrar's signature) 51

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 23, year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to June 23, 1947, that I last saw h. 1 m alive on June 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Terminal~~ Cerebral Arteriosclerosis	541.
Due to Senility and Generalized Arteriosclerosis	
Due to	
Other conditions Mitral Incompetency (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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Basil O. Hartwell (M. D. ~~XXXX~~)

Address Drexel, Mo. Date signed 6-24-47

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 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~~ Personally

..... ~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed J. B. Hays

Licensed Embalmer No. 1950

P. O. Address Drexel, 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.