6. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947
Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27514

Primary Registration District No. 5503

Registrar's No. 180

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bethlehem Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton 0
(If outside city or town limits, write "RURAL")
(d) Street No. R # 3 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM RARLAND DUSCHELL

3. (b) If veteran, name war No

3. (c) Social Security No. 489-24-5187

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 14 (Day) 1990 (Year)

8. AGE: Years 24 Months 8 Days 6 If less than one day hr min

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Duschelle
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Myrtle M Cook
15. Birthplace Vanburen Co (City, town, or county) Ark (State or foreign country)

16. (a) Informant Mrs Myrtle Duschell
(b) Address Clinton Mo

17. (a) Removal (Burial, cremation, or removal) Date thereof 8-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Shirley Ark.

18. (a) Signature of funeral director Cowden & Peck
(b) Address Clinton Mo

19. (a) 8-21-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1947 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from February 1946 to August 20 1947
that I last saw him alive on August 20 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic valvular heart disease	10 years
Due to: Rheumatic Fever, acute	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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

23. Signature Edward Bagnell M.D. (Physician, coroner, or other)
Address 105 E. Ohio Clinton Mo. Date signed 8/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-42-1012
Date Filed 6-25-42

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 J. E. Consolus

Licensed Embalmer No. 1891

P. O. Address Clintonville

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.