S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

37449

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 3012

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 131 South Maple (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 131 South Maple (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM G. PAGE

3. (b) If veteran, name war NO

3. (c) Social Security No. Yes, not known

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MOLLIE PAGE

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

7. Birth date of deceased MARCH (Month) 21 (Day) 1877 (Year)

8. AGE: Years 70 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Sullivan County, MO. (City, town, or county) (State or foreign country)

10. Usual occupation POP CORN MAN, RETIRED

11. Industry or business —

FATHER
12. Name T. J. PAGE
13. Birthplace Carroll County, MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marguerite Harris
15. Birthplace Boon County, MO. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vida Buck

(b) Address 131 S. Maple, Ex. Spgs. MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 47 (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, MO.

18. (a) Signature of funeral director Virgil Hope

(b) Address Excelsior Springs, MO.

19. (a) 11-10-47 (Date received local registrar) (b) Carolina Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 8th year 1947 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from MARCH 30, 1944, to NOVEMBER 8, 1947 that I last saw him alive on NOVEMBER 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL HEMORRHAGE	3 days
Due to	
Due to	
Other conditions diabetes (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

23. Signature S. R. McCracken M.D. (M. D. or other) M.D

Address EXCELSIOR SPRINGS, MO Date signed 11/10/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-13-47

NOV 18 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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs,

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.