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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 6 1947  
278

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39196  
Registrar's No. 122

Registration District No. \_\_\_\_\_

Primary Registration District No. 3054

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Louisiana  
(c) Name of hospital or institution: Pike Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 4 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike  
(c) City or town Frankford  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT WILLIAM LEE UNSSELL  
FULL NAME.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race White 6. (a) Single widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased December 23 1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Retired Farmer  
Henry T. Unsell

12. Name \_\_\_\_\_

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

14. Maiden name Isabel Litter

15. Birthplace Ralls Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Reading

(b) Address Burial Louisiana, Missouri

17. (a) \_\_\_\_\_ (b) Date thereof 11/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Garner & Sterne  
(b) Address Louisiana, Missouri

19. (a) 11/27/47 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26, 1947  
year \_\_\_\_\_ hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct 23, 1947 to Nov. 26, 1947  
that I last saw him alive on Nov. 26, 1947, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Arterio-Sclerotic Disease - 1 yr  
Acute Myocarditis 1 wk.

Due to Chronic Arterio Sclerosis - ?

Due to \_\_\_\_\_

Other conditions Acute Malnutrition and  
(Include pregnancy within 3 months of death) Vitamin Deficiency

Major findings: Senile Dementia PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Robert L. Cochran M.D.  
Address Louisiana, Mo. Date signed 11/27/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 1247-1665  
Date Filed DEC-5-1947

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.....

..... Virginia M. Stone ..... Registered Apprentice No. 491  
working under my personal supervision.

Signed J.B. Sterne.....

Licensed Embalmer No. 4039.....

P. O. Address Louisiana, 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.