

FILED JAN 9 1948
Registration District No. **27**

Primary Registration District No. **5077**

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

1. PLACE OF DEATH:

(a) County Bates

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

(c) (Name of hospital or institution):
RFD #3, Butler, Missouri /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rural - Charlotte
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #3, Butler
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ROBERT SOAG

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 1st
year 1947 hour 3:30 minute PM M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased March 23, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-23, 1944 to Dec. 1, 1947
that I last saw him alive on Dec 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to myocarditis

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Alexander Boag

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

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Mc Guire

(b) Address RFD Butler, Mo.

17. (a) Burial (b) Date thereof 12-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 12-4-1947 (b) Kimball Kerney
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature L. D. Latta (M. D. or other) M.D.

Address Butler, Mo Date signed 12/4/47

RECEIVED

District Health Officer No. 71

District File Number 12-47-2086

Date Filed 1-8-88

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.....

Kenneth H. Book....., Registered Apprentice No. 471
working under my personal supervision.

Signed..... [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian, Missouri

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.