-1/47
-17-39

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

National Office of Vital Statistics

FILED MAR 2 1 1948

Registration District No. 306

STANDARD CERTIFICATE OF DEATH

State File No. 11299

Primary Registration District No. 6241

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Washington

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME William DeGonia

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 9 (Month) 29 (Day) 1871 (Year)

8. AGE: Years 76 Months 5 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Toefile DeGonia
13. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julianna Boyer
15. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julianna DeGonia
(b) Address Cadet Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines Mo

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo

19. (a) 3/15/48 (Date received local registrar) (b) Helen Kendall (Registrar's signature) 403

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 3-12 1948, to 3-13 1948
that I last saw him alive on 3-12 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	2 days
Due to Influenza	3 wk.
Due to	
Other conditions Arteriosclerosis (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Joseph L. Thurman (M. D. ~~or other~~)
Address Potosi, Mo Date signed 3-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 34-382
Date Filed 3-23-48

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 Howard Higginbotham Registered Apprentice No. 53 working under my personal supervision.

Signed Mary M. Smith
Licensed Embalmer No. 4394
P. O. Address Potosi, 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.