No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILE[redacted]Y 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11995

Registration District No. 98 Primary Registration District No. 5369 Registrar's No.

1. PLACE OF DEATH:
(a) County Davies
(b) City or town Sheridan Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)
In this community 85 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Davies
(c) City or town Sheridan Twp. Rural
(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 Miles Bristow
3. (b) If veteran, name war XX
3. (c) Social Security No. XX
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Margret McCray
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Feby. 10 1863 (Month) (Day) (Year)
8. AGE: Years 85 Months 1 Days 28 If less than one day XX hr. XX min.
9. Birthplace Ray Co., (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business
FATHER 12. Name Miles Bristow
13. Birthplace (City, town, or county) Kentuckey (State or foreign country)
MOTHER 14. Maiden name Mary Ellen Loyd
15. Birthplace (City, town, or county) Kentuckey (State or foreign country)
16. (a) Informant Claud Bristow
(b) Address Hamilton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Hamilton, Mo.
18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.
19. (a) Apr. 14, 1948. (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar. 5, 1948 to April 8, 1948. that I last saw him alive on ~~alive~~ April 7, 1948. and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiac dilitation (Acute)
Due to Circulatory failure — 4 days
Due to
Other conditions (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 J. G. Bowsum (M.D. or other) D.O.
Address Hamilton, Mo. Date signed April, 12 1948

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAY 13 1948

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 R. Leslie Brown

Licensed Embalmer No. 4472

P. O. Address Hamilton, 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.