FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18734

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 660

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6518 Grant St. (home) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 6518 Grant St. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: WILLIAM H. DEATHERAGE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Bessie V.

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: June (Month) 16, (Day) 1869 (Year)

8. AGE: Years 78 | Months 11 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Buchanan Co., (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer (retired)

11. Industry or business: None

FATHER
12. Name: Charles Deatherage
13. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Missouri Ann Boker
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Bessie V. Deatherage (wife)

(b) Address: 6518 Grant St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F. Cemetery

18. (a) Signature of funeral director: John E. Kupp

(b) Address: 6054 Pryor Ave., City

19. (a) 6-15-48 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14, year 1948 hour 2 minute :35 A. M.

21. I hereby certify that I attended the deceased from June 8, 1948, to June 8, 1948, that I last saw him alive on June 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral malacia	4 days
Due to: arterio sclerosis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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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: Harry C. Alfred (M. D. or other) not

Address: 5002½ King Hill Date signed: 6.14.48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Grandal R. Stabe, Registered Apprentice No. 213 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Items #12, 13, 14 & 15 corr. by aff. from daughter -11-39-

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1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6518 Grant St. (home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether)
In this community 25 years
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6518 Grant St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. BEATHERAGE
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie V.
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June (Month) 16, (Day) 1869 (Year)

8. AGE: Years 78 Months 11 Days 28 If less than one day ..... hr. ..... min.
9. Birthplace Buchanan Co., (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer (retired)
11. Industry or business None
12. Name ~~Charles~~ Achillies A. Deatherage
13. Birthplace ~~Unknown~~ Surry County, North Carolina (City, town, or county) ~~Virginia~~ Missouri (State or foreign country)
14. Maiden name Missouri Ann ~~Baker~~ Baker
15. Birthplace ~~Unknown~~ North Carolina (City, town, or county) ~~Kentucky~~ (State or foreign country)
16. (a) Informant Bessie V. Deatherage (wife)
(b) Address 6518 Grant St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director John E. Cupp
(b) Address 6054 Pryor Ave., City
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Due to: arterio sclerosis	3 yrs
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Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.