

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40291**
Registrar's No. **65**

Registration District No. **871** Primary Registration District No. **4935**

1. PLACE OF DEATH: **1**
(a) County **Monteau**
(b) City or town **California MO**
(c) Name of hospital or institution: **Latham Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

8. (a) PRINT FULL NAME **Willie Albert George**
8. (b) If veteran, name war _____ 8. (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 **Claudia** (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **Apr 24 1901**
(Month) (Day) (Year)

8. AGE: Years **38** Months **6** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Monteau MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business _____
12. Name **Drew W George**
13. Birthplace **North Carolina**
14. Maiden name **Sullivan**
15. Birthplace **Sullivan Co MO**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **D. W. George**
(b) Address **Lupus MO**

17. (a) **Walter J. ...** (b) Date thereof **11/22/39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. J. ...**

18. (a) Signature of funeral director **William J. ...**
(b) Address **California MO**

19. (a) **11-22-39** (b) **W.R. Popejoy** 504
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **MO** (b) County **Monteau**
(c) City or town **Lupus (Town)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **21**
year **1939** hour **2** minute **25** a.m.
21. I hereby certify that I attended the deceased from **Nov 6**
1939 to **Nov 21** 19**39**
that I last saw him alive on **Nov 21** 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of liver** Duration **about 2 yrs**
Due to _____
Due to _____
Other conditions **4/6**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **No op.**
Of operations _____
Of autopsy _____
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
28. Signature **L. L. Latham** (M. D. or other) _____
Address **California MO** Date signed **11-22-39**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

J. E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

California M

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, above space should be left blank.