

FILED MAY 16 1946

Registration District No. _____

Primary Registration District No. 5796

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town Rural Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Prarie Home Star Rt. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether Life)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau Co.
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Prarie Home Star Rt.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Alexander Dearing

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia A. Dearing 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Dec 24 1859
(Month) (Day) (Year)

8. AGE: 86 Years 3 Months 30 Days If less than one day hr. _____ min.

9. Birthplace Moniteau Co. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Dearing

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

14. Maiden name Elizabeth Redford

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Henry Dearing

(b) Address California Mo.

17. (a) Burial (b) Date thereof Apr. 25. 194
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem Cent,

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 4-26-46 (b) RR Popejoy
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

202 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1946 hour 10/30 minute A.M.

21. I hereby certify that I attended the deceased from May 2
1945 to April 23, 1946
that I last saw him alive on March 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature [Signature] (M.D. or other) D.O.

Address California Date signed 4/25/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-13-46

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 Me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Paulin.....

Licensed Embalmer No. 2126.....

P. O. Address Blissville, W......

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.