

FILED OCT 28 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1197

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: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs. 1 mo. 12 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Derrick
(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 AUGUSTUS E. LIKE

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife. Mrs. G. E. Like
6. (c) Age of husband or wife if alive Suburban years
7. Birth date of deceased. 3-18-1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 10 hr. min.

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

10. Usual occupation: Farmer & Coal Miner

11. Industry or business: Agriculture & Mining

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. E. Like

(b) Address Derrick, Mo. Hwy 2925

17. (a) Removal (b) Date thereof. 10-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Frank Hill & Son

(b) Address Richmond, Mo.

19. (a) Oct. 25, 1946 (b) G. H. Morrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-1-1944 to 10-21-1946
that I last saw him alive on 10-21-1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of Lung Duration 1 day

Due to Chronic of Left External Saphenous Veins 1 month
Due to.....

Other conditions: Traumatic Epilepsy 85
(Include pregnancy within 3 months of death)
and internal hydrocephalus PHYSICIAN
Major findings: _____
Of operations: _____

Of autopsy: Thrombosis of Lung
Chronic of Saphenous Veins of Left
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.....

23. Signature G. H. Morrison (M. D. or other)
Address State Hospital No. 2 Date signed 10-22-46

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

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.....

Louis Zwart

Licensed Embalmer No.....

4096

P. O. Address.....

Richmond, 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.