

Registration District No. 206

Primary Registration District No. 4317

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marguand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Marguand
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Abner Venable

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 2W

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 19 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 10 15 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name M. B. Venable

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

14. Maiden name Maryanne Tidwell

15. Birthplace Madison Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Will H. Venable

(b) Address Marguand Missouri

17. (a) Burial (b) Date thereof 6-5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marguand

18. (a) Signature of funeral director J. E. Homan
(b) Address Marguand Mo

19. (a) June 5 1948 (b) S. C. Slaughter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3
year 1943 hour 5 P.M. minute M.

21. I hereby certify that I attended the deceased from MAY 4
1943 to JUNE 3, 1943;
that I last saw him alive on JUNE 3, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death ARTEROSCLEROSIS

Due to SENILE DIBILITY

Due to

Other conditions (include pregnancy within 3 months of death) 97

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

23. Signature Phillard S. Nash (M.D. or other) Do.

Address Marguand, Mo. Date signed 6-5-1948

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 243-2433

Date Filed 2-8-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.