

MAILED AUG 25 1941 121

Primary Registration District No. 5575

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rural Joachim Township  
(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 1 (Specify whether  
In this community 1 years, months or days)

3. (a) PRINT FULL NAME Ronald Preston Axley

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased 7-25-41  
(Month) (Day) (Year)

8. AGE: Years - Months - Days 1 If less than one day hr. - min. -

9. Birthplace Festus RR#2 Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Arthur Axley  
13. Birthplace Monroe Co. Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Viola Marie Swan  
15. Birthplace Perry Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Axley  
(b) Address R.2. Festus Mo

17. (a) Burial (b) Date thereof 7-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Restos Mo (family cemetery)

18. (a) Signature of funeral director Frank M. Co.  
(b) Address Festus Mo

19. (a) 7-31-41 (b) J. E. Rueland  
(Date received local registrar) (Registrar's signature)

352 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Rural  
(d) Street No. R.2. #2 Festus  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 26  
year 1941 hour 3:00 P. minute - M.

21. I hereby certify that I attended the deceased from July 25, 41  
to July 26, 41  
that I last saw him alive on July 26  
and that death occurred on the date and hour stated above. 1941

Immediate cause of death Premature birth (6 months) Duration

Due to 159  
Due to -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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 B. Bolger (M. D. or other) D  
Address Festus, Mo Date signed 7/28/41

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

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**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.....

*Not Embalmed*....., 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.**