

FILED DEC 8, 1941

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 320

1. PLACE OF DEATH

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

3. (a) PRINT FULL NAME EMMA JANE LOE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joe Loe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 23 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Adair County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or Business

12. Name John Williams
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Rose Kennedy
15. Birthplace Wis
(City, town, or county) (State or foreign country)

16. (a) Informant John Loe

(b) Address Kirksville, Mo. R.R. #1

17. (a) Burial (b) Date thereof Nov. 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Hill

18. (a) Signature of funeral director W. H. McCallum

(b) Address South Efford, Mo.

19. (a) Nov. 17/41 (b) Walter L. Newman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1941 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 4
1941 to Nov 13 1941
that I last saw her alive on Nov 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur at hip
Duration 10 days

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 186 lbs

**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) Accident
(b) Date of occurrence Nov. 14, 1941
(c) Where did injury occur? Kirksville, Adair, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home on farm
(Specify type of place) (e) Means of injury Fall
While at work? _____

23. Signature Walter L. Newman (M. D. or other) _____
Address Kirksville, Mo. Date signed 11-17-41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2091

Date Filed DEC 3 1941

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

W. M. Collins

Licensed Embalmer No. 2052

P. O. Address South Gifford

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.