



**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 Myford N N White

Licensed Embalmer No. 3838

P. O. Address Queensville, Pa

**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, above space should be left blank.**

Registration District No. 1104

Primary Registration District No. 453-7

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Franklin  
 (b) City or town Revere  
 (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.....  
 (Specify whether  
 In this community.....  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... (b) County.....  
 (c) City or town.....  
 (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 M. Adams  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov Day 19 Year 1941 hour..... minute..... M.  
 21. I hereby certify that I attended the deceased from..... 19.....  
 that I last saw him..... alive on..... 19.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

4. Sex M. 5. Color of race W. 6. (a) Single, widowed, married, divorced.....  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 3, 1882  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 10 If less than one day hr. min.

Due to Carcinoma of Pancreas  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

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

10. Usual occupation.....  
 11. Industry or business.....

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

Major findings: 46g  
 Of operations.....  
 Of autopsy.....

16. (a) Informant.....  
 (b) Address.....

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....

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

(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?  
 (Specify type of place).....  
 While at work?..... (e) Means of injury.....

18. (a) Signature of funeral director.....  
 (b) Address.....

19. (a)..... (b).....  
 (Date received local registrar) (Registrar's signature)

23. Signature Charles A. Schmidt  
 Address Revere Date signed.....

**SUPPLEMENTARY**

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

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

