

U. S. No. 2
DM-9-4-41
Rev. 5-17-39
SP-1 X29484

17288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 80

Registration District No. 26 Primary Registration District No. 3002

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether years, months or days)

In this community two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain

(c) City or town Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. 1201 W. Curtis
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Madison Squires

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Nov. 22, 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Squires

{ 13. Birthplace Ky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth DK

{ 15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Leslie Squires

(b) Address 1201 W. Curtis, Mexico, Mo.

17. (a) Burial (b) Date thereof 5/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Clara Arnold

(b) Address Mexico, Mo.

19. (a) 5-19-42 (b) Margaret H Macke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 17
1942 to May 18 1942
that I last saw h. M. alive on May 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of old age.

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

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 Q

23. Signature John A. Owen (M. D. or other) 80

Address Mexico, Mo. Date signed 5-19-42

1019

RECEIVED

District Health Officer No. 10

District File Number 6#2-1238

Date Filed JUN 9 1942

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

Chris Arnold

Licensed Embalmer No: 3569

P. O. Address: Milwaukee Wis

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.