

S. No. 2
I-9-4-41
7. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24221

State File No.

Registration District No. 2-6-6100

Primary Registration District No. 5-3-7-05390

Registrar's No. 34

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

003

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Springcreek Typ
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days) about a week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

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

(d) Street No. X
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Julia Anna Admire

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour 9 minute 20 P. M.

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife John W Admire

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

7. Birth date of deceased Sept 15 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/7/42 to 5/7/42

that I last saw her alive on 5/7/42 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>22</u>	hr. min.

Immediate cause of death Myocardial infarction

Duration 1 1/2 hours

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

Due to.....

Due to.....

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93e

11. Industry or business X

Of autopsy.....

Underline the cause to which death should be charged statistically.

12. Name Geo W Hardwick

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

14. Maiden name -----

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

16. (a) Informant E. T. Admire

(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 5/10/42
(Month) (Day) (Year)

(c) Place: burial or cremation Goodhouse Ill

18. (a) Signature of funeral director Carl K. Simpson

(b) Address Salem Mo

19. (a) 5-8-42 (Date received local registrar)

(b) for D. M. Lead by M.B.G. (Registrar's signature)

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 Truck

23. Signature E. E. Jones (M. D. or other)

Address Salem, Mo Date signed 5/8/42

1177

RECEIVED

District Health Officer No. 5,

District File Number 7425-60

Date Filed 8-14-42

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. 2370

P. O. Address Salina Mo

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.