

FILED OCT 13 1942

5383

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 66

33
0
0

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Gladden typ
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Z /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community all his life (Specify whether years, months or days)

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) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME I. Nealy Jadwin

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida E. Jadwin 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 7 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business X

12. Name Carol Jadwin
13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jadwin
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Ida E. Jadwin

(b) Address Jadwin Mo

17. (a) burial (b) Date thereof Sept 22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C. Jadwin farm

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 9-22-42 (b) Jes D. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-16, 1941, to 9-20, 1942
that I last saw him alive on 9-9-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease Duration 3 yrs

Due to hypertension - arterio sclerosis secondary

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
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 Jes D. [Signature] (M. D. or other) D.D.
Address Salem, Mo. Date signed 9-22-42

RECEIVED

District Health Officer No. 8,

District File Number 1042922

Date Filed 10-7-42

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.....

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, above space should be left blank.