

FILED FEB 29 1945

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6406 1/2 Sherman Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 weeks years, months or days)

3. (a) PRINT FULL NAME NANCY JANE ADMIRE

3. (b) If veteran, name war NONE 3. (c) Social Security No. none
4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife William D. Admire 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 15 1869 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 2 hr. _____ min.

9. Birthplace Chariton county Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Thomas P. Pleasant
13. Birthplace Louisville Kentucky / (City, town, or county) (State or foreign country)
14. Maiden name Margaret Whittaker
15. Birthplace unknown unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mal Admire
(b) Address 6406 1/2 Sherman Street
17. (a) burial (b) Date thereof 2/ 17/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bucklin, Mo.
18. (a) Signature of funeral director [Signature] (b) Address 319 South 10th
19. (a) 2/17/44 (b) Rose Herzog (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Bucklin (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17th year 1944 hour 9 minute 30 A M.
21. I hereby certify that I attended the deceased from 2-15 1944 to 2-17 1944
that I last saw him alive on 2-16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 6 mo.
Due to Influenza 2 days

Due to Trauma
Other conditions Fractured left femur 4-43 (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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 [Signature] (M. D. or other) [Signature]
Address 5008 King Hill Date signed 2-17-44

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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 172

1. PLACE OF DEATH: Buchanan
(a) County Buchanan
(b) City or town St. Joseph
(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

3. (a) PRINT FULL NAME Nancy Jane Adminis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 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 Jan 15 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death coronary thrombosis

Due to Influenza 2 days
Due to _____

Other conditions Fracture left femur x 80
(Include pregnancy within 3 months of death)

Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION
Of operations _____
Of autopsy _____

Duration

6 mo.

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 4-26-43
(c) Where did injury occur? Bucklin Linn Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work _____ (Specify type of place) (e) Means of injury Fell accidentally

23. Signature E. J. Cross (M. D. or other) DO

Address 5008 King Hill St. Joseph, Mo. Date signed 3-3-44

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

SUPPLEMENTARY INFORMATION

6543