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

FILED MAR 13 1944

Registration District No. **179**

Primary Registration District No. **4286**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **Lewis**

(b) City or town **La Grange**
(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 **1 Month, 23 days** (Specify whether years, months or days)

In this community **1 Month, 23 days**

2. USUAL RESIDENCE OF DECEASED: **56**

(a) State **Missouri** (b) County **Lewis** **2**

(c) City or town **La Grange** **0**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No.** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Anthony Wires**

3. (b) If veteran, name war **-----**

3. (c) Social Security No. **---**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **December 18th, 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 23
hr. min.

9. Birthplace **La Grange, Missouri.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Leon Wires**

13. Birthplace **La Grange Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Vera Weathers**

15. Birthplace **La Grange Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leon Wires**

(b) Address **La Grange, Missouri.**

17. (a) **Burial** (b) Date thereof **2/13/44/**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La Grange, Missouri.**

18. (a) Signature of funeral director **M. M. White**

(b) Address **La Grange, Missouri.**

19. (a) **2/12/44** (b) **P. W. Jennings**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBY** day **11**
year **1944** hour **6:00** minute **00** M.

21. I hereby certify that I attended the deceased from **FEBY 3** **1944** to **FEBY 11** **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **ACUTE NEPHRITIS** Duration _____

Due to **RESPIRATORY INFECTION**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **130**

Major findings: Of operations _____

Of autopsy _____

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 **0**

23. Signature **M. P. Edgington** (M. D. or other) **0**

Address **La Grange Mo** Date signed **2/12/44**

STATEMENT BY LICENSED EMBALMER

not embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ by me, or by.....

A.A. Roberts

; Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address. La Grange, 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.