

FILED JUN 20 1944

Registration District No. _____

Primary Registration District No. 4263

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Novelty
(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 92 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Novelty 0
(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 _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1944 hour 2:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from April
1943 to April 24 1944
that I last saw him alive on April 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Duration 40 years

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____
Signature: Waldo B. Seom (M. D. or other) _____
Address: Newark, Mo. Date signed: 4/28/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Clarence D. Xander

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

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

6. (b) Name of husband or wife Edna Ramsey 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March - 3 - 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months I Days 21 If less than one day hr. _____ min.

9. Birthplace Adams County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Trucking

11. Industry or business _____

12. Name Edwin Xander

13. Birthplace Leigh County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Potter

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

16. (a) Informant Mrs. C. D. Xander

(b) Address Novelty, Missouri

17. (a) Burial (b) Date thereof April-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novelty, Missouri

18. (a) Signature of funeral director Keith Anderson

(b) Address Edina, Missouri

19. (a) April 30-44 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

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

52

RECEIVED

District Health Officer No. 10
District File Number 6-44-1183
Date Filed JUN 15 1944

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

Keith Hudson

Licensed Embalmer No.

2415

P. O. Address

Edina, Missouri

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.