

FILED AUG 25 1944 9
Registration District No. _____

Primary Registration District No. 4263

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 Life years, months or days

3. (a) PRINT FULL NAME Edna Honor Xander

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 widowed

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

7. Birth date of deceased Feb - 20 - 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Daniel Ramsey

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

14. Maiden name Sarah K. unknown

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

16. (a) Informant Edna X Rhoades
(b) Address Novelty Mo.

17. (a) burial (b) Date thereof Aug-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novelty, Mo.

18. (a) Signature of funeral director Ken Hudson
(b) Address Edina Missouri

19. (a) 5-5-44 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Novelty
(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 July day 28
year 1944 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 28
1944 to July 28 1944
that I last saw h. ER alive on July 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____
Due to arterio sclerosis

Due to _____

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

Major findings: 940
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury ?
Signature Mavis B. Jones (M. D. or other) MD
Address Newark Mo Date signed 9/2/44

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

RECEIVED

RECEIVED

District Health Officer No. 10

District File Number 8-44-1490

Date Filed AUG 23 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 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.