

FILED JUN 19 1945

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Bolivar  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 2 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town Flemington  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Addie Lenora Michael

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Arta Michael 6. (c) Age of husband or wife if alive 67  
7. Birth date of deceased 3-18-85  
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Simon A. Powell

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

14. Maiden name Anna Ashburn

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

16. (a) Informant Arta Michael

(b) Address Flemington, Mo.

17. (a) Burial (b) Date thereof May 26, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flemington Cemetery

18. (a) Signature of funeral director E. H. ...

(b) Address Leimansville, Mo.

19. (a) May 26, 1945 (b) Alice Palen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1945 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from March 23, 1945  
1945 to May 24, 1945  
that I last saw her alive on May 24, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma duodenum  
Duration \_\_\_\_\_

Due to History of ulcer of duodenum.

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (c) Means of injury \_\_\_\_\_

23. Signature W. A. ... (M.D. or other) \_\_\_\_\_

Address Bolivar, Mo. Date signed 5-25-45

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

MOTHER FATHER

1294

RECEIVED  
District Health Officer No. 7  
District File Number 6-45-382  
Date Filed 6-14-45

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.....

*by me*  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *E. H. Purnum*  
.....

Licensed Embalmer No. *4282*  
.....

P. O. Address *Humanville, 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.