

State File No. _____

FILED JUL 26 1945
 Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 93

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
215 N. Jefferson St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 215 N. Jefferson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John E. Surls
 3. (b) If veteran, name war No
 3. (c) Social Security No. 491-05-5402

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced D 3
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 22, 1903
(Month) (Day) (Year)

8. AGE:
 Years 42 Months 9 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tavern Owner

11. Industry or business _____

MOTHER FATHER 12. Name Edwin M. Surls

13. Birthplace Montgomery County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Alexander

15. Birthplace Montgomery County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Rolla Surls
 (b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 7/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director C. W. Ainsworth
 (b) Address Mexico, Mo.

19. (a) 7/10/45 (b) Margaret H. Macke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
 year 1945 hour 17 minute 6. M.
 21. I hereby certify that I attended the deceased from Jan 2 -
1945 to 7-9-1945
 that I last saw h. IM alive on July 7 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

Major findings:
 Of operation _____
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature John A. Owen (M. D. or other) Do.
 Address Mexico Mo. Date signed 7-10-45

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

1074

576176 1111

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.....

Chris Arnold

Licensed Embalmer No.

3569

P. O. Address.....

Mixco Nu

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.