

FILED NOV 10 1945

Registration District No. 138

Primary Registration District No. 5522

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Hickory
 (b) City or town Cross Timbers, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution all of life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
 (c) City or town Cross Timbers
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country?
 If yes, name country

3. (a) PRINT FULL NAME Willie Lawrence Admire

3. (b) If veteran, name war WW 3. (c) Social Security No. 700

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 9
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased 12 27 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>19</u>	hr. min.

9. Birthplace Mo. 13
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George W Admire
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Banister
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant G. Admire
 (b) Address Cross Timbers, Mo.

17. (a) Burial (b) Date thereof 6-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Robert H. Howard
 (b) Address 2800 S. Main St. Mo.

19. (a) Oct 20, 1945 (b) W.P. Hargiss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16 year 1945 hour minute 6 A. M.

21. I hereby certify that I attended the deceased from May 4, 1945, to June 6, 1945; that I last saw him alive on June 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Cal Bailey (M.D. or other) Dr.
 Address 2800 S. Main St. Mo. Date signed 10/15

Duration

4 weeks

701

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

7453

RECEIVED
District Registrar Office No. 71
District File Number 10-40-1103
Date Filed 11-9-40

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 *Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Whitland, Md*

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.

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Primary Registration District No. 5522

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Cross Timbers
(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 _____
years, months or days

3. (a) PRINT FULL NAME Willeo L. Admire

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 _____

6. (b) Name of husband or wife not furnished 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 2 1877
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name George W. Admire
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Banister
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant B. Admire
(b) Address Cross Timbers
17. (a) Burial (b) Date thereof 6 22-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home Cemetery

18. (a) Signature of funeral director Hilbert Hathaway
(b) Address Wheatland, Mo.
19. (a) Oct 22-1945 W. P. Hargiss
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
(c) City or town Cross Timbers
(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 June Day 6 Year 1945 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 4-1945 to June 6, 1945 and that I last saw him June 5, 1945 and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy

Due to _____
Due to _____

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

Major findings: 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. D. Bailey (M. D. or other) Do
Address Wheatland, Mo. Date signed 10-25-45

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

SUPPLEMENTARY

33859