

FILED NOV 6 1945

State File No. _____

Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Union Twp
(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 years, months or days)
In this community _____

3. (a) PRINT FULL NAME William Andrew Cardin

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Cardin 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 7 (Month) 12 (Day) 1869 (Year)

8. AGE: Years Months Days If less than one day
76 3 14 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Alfred Cardin
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Boatman
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Cardin
(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 10/28/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri

19. (a) 10-31-45 (b) Chas M Oods
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural
(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 10 day 26
year 1945 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 17, 1945, to Oct. 26, 1945,
that I last saw him alive on Oct. 26, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac-Renal Disease
Due to Arteriosclerosis et al
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
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 A. K. W. Meeigan (M. D. or other) B.O.
Address Dixon, MO Date signed 10/29/45

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

NOV 19 1945

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.....

Oct. 26 - 45

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank E. Gilbert

Licensed Embalmer No. 2341

P. O. Address..... Dixon, 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.