

S. No. 2
A-5-43
5-17-39
I X36671

FILED *109 1945*
Registration District No. *209*

Primary Registration District No. *3002*

State File No. _____
Registrar's No. *149*

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:
Audrain Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)

In this community 2.5 yrs
years, months or days

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. 814 W. Monroe
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Robert Lee Squires

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22, 1983
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>6</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Building Contractor

11. Industry or business Self

12. Name J. M. Squires

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

14. Maiden name Elizabeth Madden

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

16. (a) Informant Leslie Squires

(b) Address Mexico, Missouri

17. (c) Birla (b) Date thereof 11/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Missouri

18. (a) Signature of funeral director Chris Arnold

(b) Address Mexico, Missouri

19. (a) 11/19/45 (b) B. B. Meely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 1945 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from 11-10-45 to 11-17-45
that I last saw him alive on 11-17-45
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Concussion

Due to _____

Due to _____

Other conditions Compound comminuted fracture of left tibia + fibula
(Include pregnancy within 3 months of death)

Major findings: if
Of operations _____

Of autopsy 170

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident if

(b) Date of occurrence 11-10-45

(c) Where did injury occur? Mexico Audrain Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury Run into by car

23. Signature Frank Jolley (M. D. or other) MD

Address Mexico Mo Date signed 11-19-45

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

MOTHER FATHER

1406

RECEIVED

District Health Officer No. 10

District File Number 12-45-1821

Date Filed DEC 20 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Uro Amundson*

Licensed Embalmer No. 3569

P. O. Address *Mexico, 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.