

FILED FEB 7 1946

Registration District No. 149

Primary Registration District No. 1002

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

810

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Manassas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Puritan Hotel 9th & Wyandotte 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community unknown years, months or days

3. (a) PRINT FULL NAME George Admine

3. (b) If veteran, name war none 3. (c) Social Security Don't know

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased 1916 (Month) (Day) (Year)

8. AGE: Years 30 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Do not know (City, town, or county) (State or foreign country)

10. Usual occupation cook

11. Industry or business _____

MOTHER FATHER

12. Name Do not know

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

14. Maiden name _____

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

16. (a) Informant Corner office

(b) Address K.C.M.O.

17. (a) Burial (b) Date thereof Jun 24 1946 (Month) (Day) (Year)

(c) Place: burial or cremation mt Calvary K.C.K.

18. (a) Signature of funeral director Pasquino

(b) Address 15 C.M.O.

19. (a) 1-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Manassas City mo
(If outside city or town limits, write "RURAL")
(d) Street No. Puritan Hotel 9th & Wyandotte
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 17
year 1946 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Influenza

Due to _____

Other conditions (include pregnancy within 3 months of death) 330

Major findings: Of operations _____
Of autopsy no
Heart & Lungs

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 3

23. Signature [Signature] (M. D. or other) _____

Address 14th St. Mo Date signed 1-18-46

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address X. C. 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.