

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1948
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4450**
Registrar's No. **12**

Registration District No. **1** Primary Registration District No. **3000**

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Kirksville**
(c) Name of hospital or institution: **Laughlin Hosp. 8 days**
(d) Length of stay: **8 days**
In this community **8 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Adair**
(c) City or town **Kirksville**
(d) Street No. **809 W. Shelby**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **Jesse MABIS**
3. (b) If veteran, name war 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **15** year **1945** hour **2** minute **55 P.M.**
21. I hereby certify that I attended the deceased from **Dec 7**, 19**45**, to **Dec 15**, 19**45**;
that I last saw him alive on **Dec 15**, 19**45**;
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **4** years
7. Birth date of deceased **Sept 18, 1886**

Immediate cause of death **Uremia**
Due to **Prostatec hyperplasia (benign)**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **59** Months **2** Days **27** If less than one day **hr. min.**

Major findings: **Suprapubic exploration only**
Of operations _____
Of autopsy **1370**

9. Birthplace **Adair Co. Mo.**

10. Usual occupation **Shoe factory Employee**

11. Industry or business **Shoe**

12. Name **Huknauer**

13. Birthplace **"**

14. Maiden name **Huknauer**

15. Birthplace **"**

16. (a) Informant **Catherine Randall**

17. (a) **Burial** (b) Date thereof **Dec 19, 1945**

18. (a) Signature of funeral director **John Shepherd**

19. (a) **1-7-48** (b) **Kate Lambert**

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? _____
(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 **Carl Laughlin** (M. D. or other) **2:00**
Address **Kirkville, Mo.** Date signed **1/4/46**

(Licensed Embalmer's Statement on Reverse Side)

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

100955

RECEIVED

District Health Officer No. 10

District File Number 2-46-340

Date Filed FEB 28 1946

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 Bowden Bealy

Licensed Embalmer No. 4379

P. O. Address Kirkville, 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.