S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3518

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4489

Registration District No. 10 — Primary Registration District No. 3002 — Registrar's No. 18

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 2 Weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 803 Woodlawn 2
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James W. Squires

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Lucy Squires

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

7. Birth date of deceased Dec. 13, 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Mexico, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Plastering Contractor

11. Industry or business

FATHER
12. Name W. H. Squires
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Anna Dearing
15. Birthplace (City, town, or county) Va. 1 (State or foreign country)

16. (a) Informant Glenn Squires
(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31.46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director [signature]
(b) Address Mexico, Missouri

19. (a) Jan 31-1946 (Date received local registrar) (b) B Pancho Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 3, 1946, to Jan 29, 1946; that I last saw him alive on Jan 29, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Degenerative myocarditis	1 yr
Due to Generalized arteriosclerosis	
Due to Spontaneous arterial occlusion of right tibial artery with resulting dry gangrene	48 hrs
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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Harry F O'Brien (M. D. or other)
Address Mexico Mo. Date signed 1-31-46

9 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-395
Date Filed MAR 7 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 _____

Licensed Embalmer No. 3569

P. O. Address _____

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.