

FILED JUN 14 1946
Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Loughlin Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 508 So. Haliburton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. DELLA PETERS CLARID G-E

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

4. Sex F. 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 12 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days _____ If less than one day _____ hr _____ min.

9. Birthplace Davisco Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name J.W. Anderson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Anna Tate
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kay Thrasher

(b) Address Kirksville Mo

17. (a) Rural (b) Date thereof 5/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills

18. (a) Signature of funeral director Sumner Tower

(b) Address Kirksville Mo

19. (a) 5-21-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 40 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 1945 to May 12 1946
that I last saw him alive on May 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days
131W

Due to Chr. advanced nephritis Years _____
Due to Peri-nephritic abscess ?

Other conditions Metastatic abscesses 3 days
(Include pregnancy within 3 months of death)

Major findings: Peri-nephritic abscess
Of operations drained (left)
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

(e) Means of injury _____

23. Signature W.C. Blue (M. D. or other) MO

Address Kirksville Mo Date signed 5/14/46

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

14440

RECEIVED
District Health Officer No. 10
District File Number 6-46-120
Date Filed JUN-1-3-1946

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 Russell Fenton
Licensed Embalmer No. 3705
P. O. Address Lancaster, 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.