

FILED MAY 16 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 210

Primary Registration District No. 5771

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural - Marian Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: 7 days in hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adam Winfield Argo

3. (b) If veteran, name war. 3. (c) Social Security No. 484 -14-4624

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lulu Argo 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. II, 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Laborer - Farm & Ordinance plant

11. Industry or business

12. Name Lewis Argo
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Casby Marrs
15. Birthplace Virg. (City, town, or county) (State or foreign country)

16. (a) Informant Jackson Argo
(b) Address Davenport Iowa
17. (a) Burial (b) Date thereof May 8, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Giddner Cemetery

18. (a) Signature of funeral director O. E. Lawrence
(b) Address Lineville Iowa
19. (a) S-D-46 (b) Evan Martin (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Scott 999
(c) City or town Davenport 13
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1946 hour 6 P.M.

21. I hereby certify that I attended the deceased from May 1 to May 5 1946
that I last saw him alive on May 1 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer to Stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&B
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?

While at work? (Specify type of place)
23. Signature O. E. Lawrence (M. D. or other)
Address Lineville Iowa Date signed May 46

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

MAY 17 1948

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

James L. Grunke

Licensed Embalmer No.

3967

P. O. Address

Linville, N.C.

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.