

No. 2
2-43
17-39
X36597

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

1. PLACE OF DEATH
(a) County Adair
(b) City or town Nauviger
(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: In hospital or institution _____ (Specify whether)
In this community 8 months years, months or days

3. (a) PRINT FULL NAME Mrs. Shirley Partin
3. (b) If veteran, L name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rayton Partin
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Nov. 21 1923
(Month) (Day) (Year)

8. AGE: Years 22 Months 7 Days 23
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dwight Russell
13. Birthplace Marshalltown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Mary Myer
15. Birthplace Marshalltown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Rayton Partin
(b) Address Nauviger, Mo. #1

17. (a) Burial (b) Date thereof 7-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah
Queen's Funeral Home

18. (a) Signature of funeral director Kirksville, Mo
(b) Address _____

19. (a) 7-31-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Nauviger
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14
year 1946 hour 5:30 am minute _____ M. _____

21. I hereby certify that I attended the deceased from July 14, 1946, to July 14, 1946
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart when I arrived - presumed heart pain
Due to coronary thrombosis

Due to mother & sister died sudden - heart disease

Other conditions (Include pregnancy within 3 months of death)
In bed with baby in arms

Major findings: None

Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Death held due to childbirth
(b) Date of occurrence Death held 4 1/2 weeks old
(c) Where did injury occur? Child?
(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 _____

23. Signature J.S. Gashbury M.D. (M. D. or other)
Address Nauviger, Mo. Date signed 7/16/46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

JUN 13 1947

RECEIVED
District Health Officer No. 10
District File Number 8-10-163J
Date Filed AUG 14 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, ~~_____~~

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

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.