

S. No. 2
M-2-43
5-17-39
X35932

FILED SEP 26 1946

Registration District No.

Primary Registration District No. 3.000

Registrar's No. 361

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: Community Nursing Home
(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 Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JENNIE-LOVE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: sec. 10-18-67
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1946 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 1945 to Sept 9 1946
that I last saw him alive on Sept 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration _____

8. AGE: Years 78 Months 8 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lankford Helton !
(City, town, or county) _____ (State or foreign country)

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Nancy Spton
(City, town, or county) _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Due to _____

Due to _____

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.

16. (a) Informant Phyllis Louise H.

(b) Address Greencastle, Mo.

17. (a) Burial (b) Date thereof Sept 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helton

18. (a) Signature of funeral director M. H. Magallon

(b) Address South Hill, Mo.

19. (a) 9-14-46 (b) W. L. Lambert
(Date received local registrar) (Registrar's signature)

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) _____ (a) Means of injury L

23. Signature W. H. Jones (M., D., or other) DD
Address Kirksville, Mo. Date signed 9/10/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 9-46-1760
Date Filed SEP-20-1946

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 *A. N. McCallister*

Licensed Embalmer No. *2052*

P. O. Address *South Giffard, 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.