

No. 2
-2-43
5-17-39
X35697

State File No. _____

FILED FEB 13 1947

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 504 N. New
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether

In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 504 N. New
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jane Medlin

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1947 hour 11:00 minute A: M.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hardy Medlin

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept. 6 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 23rd 1947 to February 2nd 1947

that I last saw her alive on February 2nd 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

8. AGE: Years Months Days If less than one day

78	4	26	_____br. _____min.
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Due to Chronic Nephritis

9. Birthplace Garthorpe Shore England
(City, town, or county) (State or foreign country)

Due to Apoplexy

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business Home

12. Name John Tock

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

14. Maiden name Mary Jane Murphy

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

16. (a) Informant Hardy Medlin

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 2/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cmt.

18. (a) Signature of funeral director S. E. Kelly

(b) Address Kirkville, Missouri

19. (a) 2-7-47 (b) Kate Lambert
(Date after local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

131 P

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) (e) Means of injury 2

23. Signature Claude A. Adam (M. D. or other) A.O.
Address 104 1/2 N. Franklin St Date signed Feb. 6 47

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

323

RECEIVED
EMERALD STATE OFFICE No. 10
DISTRICT No. 2-47-319
FEB. 12 1947

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..... *D. E. Riley*
Licensed Embalmer No. *4181*
P. O. Address..... *Kennett 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.