

FILED AUG 7 20 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 5736

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lovelake, Macon County, Mo. 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 37 years

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. 211 1/2 N. Elson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank Santen
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 24
 year 1947 hour 7:15 minute _____ P: M.
 21. I hereby certify that I attended the deceased from May 20
1947 to July 23 1947
 that I last saw him alive on July 23 1947
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hila South 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased March 31 1884
(Month) (Day) (Year)

Immediate cause of death
Acute Cardiac Dilatation
 Duration _____

8. AGE: Years 63 Months 3 Days 23 If less than one day _____
hr. min.

Due to Coronary Thrombosis

9. Birthplace Luray Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Resturant Owner

Due to Secondary anemia, & Rectal Polyps.
 Other conditions (Include pregnancy within months of death) _____

11. Industry or business _____
 12. Name Felix Santen
 13. Birthplace Unknown, France
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Lovry
 15. Birthplace Edina Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hila Santen
 (b) Address Kirksville, Missouri
 17. (a) Burial (b) Date thereof 7/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Hills Cemetery
 18. (a) Signature of funeral director D E Rely
Kirksville, Missouri
 (b) Address _____
 19. (a) 8-1-47 (b) Mo O B Griffin
(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? _____
(Specify type of place)
 While at work? _____
 23. Signature A J Rhoads (M. D. or other) DO
 Address Kirksville, Mo Date signed 7-26-47

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

RECEIVED
District Health Officer No. 10
District File Number 2-47-1945
Date Filed AUG - 6 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.....

Kenneth Slavens

, Registered Apprentice No. 418

working under my personal supervision.

Signed.....

DEE Kelly

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.