

State File No. \_\_\_\_\_

Registration District No. 140

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wallace Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Jasper Admire

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hertha May Admire 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased April 7 1888  
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Wright Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name George W. Admire

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

14. Maiden name Polly A. Massey

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

16. (a) Informant Louise Admire

(b) Address Grove Spring Mo

17. (a) Buried (b) Date thereof 10-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McBride Cem

18. (a) Signature of funeral director Gene E. Haldren

(b) Address Hartsville Mo

19. (a) Oct 28, 1947 (b) Ors Trayenberg  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright  
(c) City or town Grove Spring Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mile East  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 19, year 1947 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from 10/18, 1947, to 10/19, 1947; that I last saw him alive on Oct 18, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Basal Skull fracture 12 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 114

(b) Date of occurrence 10/18/47

(c) Where did injury occur? Grove Spring, Wright, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway fell from truck  
(Specify type of place) Means of injury fall

23. Signature James L. Hope (M. D. or other) \_\_\_\_\_

Address Lebanon, Mo Date signed 10/19/47

Received ..... 10/30/47 .....  
acade County Health Unit  
File No. .... 10-47-272 418 .....  
Date Filed ..... 10/30/47 .....

NOV 8 1947

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.