

2
3-40
7-39
K2315

AUG 10 1940

Registration District No. **81**

Primary Registration District No. **5122**

Registrar's No. **13**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rushville
 (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 _____
 years, months or days

3. (a) PRINT FULL NAME GEORGE W. PAGE
3. (b) If veteran, name war none
3. (c) Social Security None

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 18 1884
 (Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 12
 If less than one day _____ hr. _____ min.

9. Birthplace Platte County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Jesse Page
13. Birthplace unknown Kentucky
 (City, town, or county) (State or foreign country)
14. Maiden name Emma Plumber
15. Birthplace unknown Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant William Page
(b) Address Rushville, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 8/1/40
 (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address ST. JOSEPH, MO.

19. (a) Aug 1 - 40 (Date received local registrar) **(b) [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town Rushville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
 year 1940 hour 7 minute 15 p.m.

21. I hereby certify that I attended the deceased from 5th 1940 to July 30 1940
 that I last saw him alive on July 30 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Interstitial Nephritis

Duration
T
1

Due to _____

Due to 10/81

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

Major findings: Of operations _____

Of autopsy None

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 _____

23. Signature [Signature] (M. D. or other) _____
Address N. Fall, Mo. Date signed 7-31-40

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

RECEIVED

District Health Officer No. 11,

District File Number

840-1028

Date Filed

AUG 8 1946

Boingard

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 *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Geo E. Daniel

Licensed Embalmer No.

3300

P. O. Address

St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.