

REC'D OCT 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32460

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Marceline
 (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 20
 In this community 3 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
 (c) City or town Marceline
 (If outside city or town limits, write "RURAL")
 (d) Street No. 306 E. Lake
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Clara Etta Admire

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 divorced
 6. (b) Name of husband or wife James Admire 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased April 7 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 9 hr. min.

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

10. Usual occupation at Home

11. Industry or business _____
 12. Name Jessie Austin
 13. Birthplace Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Wendy Knowl
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas Admire
 (b) Address Kansas City Kans.

17. (a) Burial (b) Date thereof Sept 18 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Bucklin Ceme.

18. (a) Signature of funeral director James M. Daughlin
 (b) Address Marceline Mo

19. (a) 9-18-40 (b) Clara E. Admire
 (Date received local registrar) (Registrar's signature)

~~DEATH~~ CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
 year 1940 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1939 to Sept. 16 1940
 that I last saw her alive on Sept. 16 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis
 Duration 2 da.

Due to Perforation of gall bladder

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 _____

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? 458
 While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature John W. Cohen (M. D. or other) DO.
 Address Marceline Mo. Date signed 9-18-40

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

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

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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 Blanche M. Laughlin

Licensed Embalmer No. 19091

P. O. Address Marceline 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32460**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **502**

Primary Registration District No. **4305**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Marceline**
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

3. (a) PRINT FULL NAME **Charlette Admire**

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **Sept** day **6**
year **1940** hour _____ minute _____ M.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Div**

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him _____ alive on _____ 19 _____; and that death occurred on the date and hour stated above.

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

Immediate cause of death **Peritonitis** Duration _____

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

Perforation of gall bladder
Due to _____

8. AGE: Years Months Days If less than one day
65-59 hr. _____ min.

Probably stones, as there had been several attacks over a period of years, but no X-Ray or other examination was made.

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy **126**

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) _____ (c) Means of injury _____

23. Signature **John W. Adkins** (M. D. or other) **J.W.**
Address **Marceline Mo** Date signed **12/5/40**

