

3-40  
-39  
23159

NOV 19 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Rural Walnutburg  
(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 2  
(Specify whether \_\_\_\_\_)

In this community Life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. near Green Castle  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Billy Gene Muir

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased Sept. 7 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>1</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Walter Muir

{ 13. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Belle Moddrell

{ 15. Birthplace Sullivan Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Muir

(b) Address Green Castle, Mo.

17. (a) Burial (b) Date thereof Oct. 20, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ringo Point

18. (a) Signature of funeral director Glenn E. Kent & Son

(b) Address Green Castle, Mo.

19. (a) Oct 22/40 (b) Spencer I. Trueman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day not known, but  
about 1:30 A.M. Oct 19 - 40  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from death on  
my arrival to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Status Thymolymphaticus

Due to congenital enlargement  
of thymus gland

Other conditions \_\_\_\_\_

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

Of autopsy ✓

Duration

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 \_\_\_\_\_

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 L. D. Davis D.O. coroner (M. D. or other) \_\_\_\_\_

Address Knickerbocker, Mo. Date signed 10-19-40

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2147

Date Filed NOV 14 1940

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

*Archie W. Wade*

Licensed Embalmer No.

3037

P. O. Address

*Grand City, 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.