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7-39
K23153

FILED APR 28 1941 26
Registration District No. _____

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Birth
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ronald Dale Biles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 19 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

--- -- -- -- hr. 15 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name D. L. Biles

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

14. Maiden name La Vergne Clymer

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

16. (a) Informant D. L. Biles

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof March 20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director C. A. ...

(b) Address Mexico, Missouri

19. (a) March 19/1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

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

(d) Street No. 420 W. Robinson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19
year 1941 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Mar 19, 1941, to Mar 19, 1941;
that I last saw him alive on Mar 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum

Due to Compression on Umbilical Cord. wrapped around thigh

Due to Breath 3 or 4 times fully during delivery.

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) na

(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? 23
While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Harry F. O'Brien (M. D. or other) D
Address Mexico Mo Date signed 3-20-41

RECEIVED

District Health Officer No. 10

District File Number 4-41-765

Date Filed APR 14 1941

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. 3569

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.