

Registration District No. **1**

Primary Registration District No. **1**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **A. S. O. Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one week**
(Specify whether years, months or days)
In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Adair**
(c) City or town **Kirkville**
(If outside city or town limits, write "RURAL")
(d) Street No. **918 20. Osteopathy**
(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 **25**
year **1941** hour **2** minute **50 A.M.**
21. I hereby certify that I attended the deceased from **1 P.M. Oct 25** to **8 P.M. Oct 25**, 19**41**;
that I last saw him alive on **8 P.M. Oct 25**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumo-pneumonia
Chronic Nephritis
Due to _____
Due to _____

Duration

One week

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **101**
Of autopsy _____

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 **20**
23. Signature **Spencer L. Freeman**
Address **Kirkville** Date signed **Oct 27, 1941**

3. (a) PRINT FULL NAME **Herman Taylor Still**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced? **Divorced**

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

7. Birth date of deceased **May 25, 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 0 hr. min.

9. Birthplace **Baldwin Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Osteopathic Physician**

11. Industry or business **Osteopathy**

12. Name **Andrew Taylor Still**

13. Birthplace **Jonesville, Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Turner**

15. Birthplace **Newfield, N. Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas E Still**

(b) Address **Kirkville, Mo.**

17. (a) **Burial** (b) Date thereof **10/26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation **Maple Hill**

18. (a) Signature of funeral director **Spencer L. Freeman**

(b) Address **Kirkville, Mo.**

19. (a) **10/27/41** (b) **Spencer L. Freeman**
(Date received local registrar) (Registrar's signature)

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

1
3
3

4
54

NOV 5 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Fiskville 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.