

FILED JAN 20 1942

Registration District No. 501

Primary Registration District No. 5666

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn Co. Mo.
(b) City or town LINNEUS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Linn County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 mo.
In this community 14 mo. 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 058
(c) City or town Bucklin 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country - 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour 7 minute 50a. M.
21. I hereby certify that I attended the deceased from March
16, 1941 to Dec 12, 1941;
that I last saw him alive on Dec 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration
Due to arteriosclerosis 175%
general

Other conditions Dependent Chronic Interstitial
(Include pregnancy within 6 months of death)
Major findings:
Of operations
Of autopsy 1318
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 Roy P. Hale (M. D. or other) MD
Address Bucklin, Mo. Date signed 12-15-41

3. (a) PRINT FULL NAME JAMES ADMIRE

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, widowed

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

7. Birth date of deceased Aug 22 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business Ordering Labor

12. Name Silas Adkins

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

14. Maiden name Wendy E. Vincent

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

16. (a) Informant Ed. Mahurane

(b) Address Linneus Mo

17. (a) Burial (b) Date, thereof Dec 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Co. Bucklin

18. (a) Signature of funeral director Person Funeral Service
(b) Address Bucklin, Mo

19. (a) Dec 16 41 (b) Maud T. Webb
(Date received local registrar) (Registrar's signature)

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

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..... *E. J. Larson*

Licensed Embalmer No. *4027*

P. O. Address..... *Bucklin*

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.