

FILED AUG 14 1942

STANDARD CERTIFICATE OF DEATH

State File No. 23705

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 211

1. PLACE OF DEATH

(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution Car Wash, Franklin St.
(d) Length of stay: In hospital or institution 55 yrs
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(d) Street No. Wash + Franklin
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME HARRY MIX STILLER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed

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

7. Birth date of deceased May 26 1867 (Month) (Day) (Year)

8. AGE: 7.5 2 2 by min. If less than one day

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

10. Usual occupation Banker

11. Industry or business Banking

12. Name Andrew Taylor Still

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

14. Maiden name Mary Laura Turner

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

16. (a) Informant Mrs. Geo. Laughlin

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 7-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director J. Davis Funeral Home

(b) Address Kirksville, Mo.

19. (a) 8/16/42 (b) Mrs. J. Waggoner (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28 year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 1942 to July 28 1942 that I last saw him alive on July 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with Chronic cystitis Duration 12 mo.

Due to Carcinoma of prostate causing partial obstruction Duration 12 mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 518

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
(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 J. D. McElwee (M. D. or other) D.O. Address Kirksville, Mo. Date signed 7/28/42

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

MOTHER FATHER

SEP 27 1942

RECEIVED

District Health Officer No. 10

District File Number 8-42-1574

Date Filed AUG 12 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 Walter Collier

Licensed Embalmer No. 3632

P. O. Address Keokuk 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.