

Registration District No. 1

Primary Registration District No. 3000

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: Grim-Smith Hospital & Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mrs. Alice Readell

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

4. Sex F 1. Color or race W 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if
alive 56 years
7. Birth date of deceased apr 27 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alfred Jones
13. Birthplace Lebanon, Ky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Alice Drumble
15. Birthplace Lewis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dow Jones
(b) Address 4110 W Del. Butkville, Mo

17. (a) Burial (b) Date thereof 4-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Summerst
(b) Address Kirkville Mo

19. (a) 4/12/44 (b) Dr. D. W. Quinn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
(c) City or town Lancaster
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day March
year 1944 hour 6 minute 32 P M.

21. I hereby certify that I attended the deceased from March 29
1944 to March 29 1944
that I last saw her alive on March 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs

Due to Ch. Intestinal Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 31 P

Major findings: Of operations _____
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 _____

23. Signature A. B. Crumb (M. D. or other) MD
Address Lancaster Mo Date signed 3-29-44

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

MOTHER FATHER

1044

5-44-847

MAY 2 1944

MAY 2 1944

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 W.C. Summers

Licensed Embalmer No. 2159

P. O. Address Pikeville 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.