

No. 2
-12-45
5-17-39
I X47070

FILED JAN 9 1948
383

5655

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Pt 2 Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian 22
(c) City or town Clark Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert M. Page

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. 2
6. (b) Name of husband or wife Laura J Page
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Sept 16 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 26 hr. min.

9. Birthplace: Christian Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Oliver Page

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

14. Maiden name Jane Simlin

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

16. (a) Informant Elmer Page

(b) Address Mt Vernon Mo Pt 2

17. (a) Burial (b) Date thereof Dec -14-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Selmore Cem Clark, Mo

18. (a) Signature of funeral director H. D. Torrett

(b) Address Mt Vernon Mo

19. (a) 12/14/47 (b) Dr Philburt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th
year 1947 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from 11/25/47
_____, 19____, to 12/12, 1947.
that I last saw him alive on 12/12/, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure with pulmonary edema Duration 5 days
Due to Aortic insufficiency 10 years

Due to Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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) (c) Means of injury _____
23. Signature Arthur J. Gram (M. D.)
Address Mt Vernon, Mo Date signed 12/12/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 148-3

Date Filed JAN 7 1948

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Max L. Torutt*.....

Licensed Embalmer No. 4252.....

P. O. Address *Mt. Vernon, 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.