

FILED OCT 12 1948

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 285

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
504 South Franklin St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 504 South Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George E. Underhill

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Parker 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 14 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Colchester Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name Anson Underhill

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

14. Maiden name Emily Rhoades

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

16. (a) Informant Mrs. Laura Underhill

(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 10/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Maple Hills Cmt.

18. (a) Signature of funeral director Dee Riley Funeral Home
(b) Address Kirksville, Missouri
19. (a) Oct 4-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1948 hour 1:00 minute A: M.

21. I hereby certify that I attended the deceased from Sept 30
1948, to Oct 1, 1948
that I last saw him alive on Oct 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 24 hrs

Due to acidosis Senility 24 hrs

Due to _____

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

Major findings: Of operations 66 B

Of autopsy _____

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 Tristram E. English (M. D. or other) MD.
Address Kirksville, Mo. Date signed Oct 2, 1948

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

MOTHER FATHER

OCT 27 1948

10-27-48

SEP 19 1957

SEP 17 1957

RECEIVED
District Health Officer No. 10
District File Number 10-48-1769
OCT 11 1948
D. L. P. Rd

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..... *D. E. Riley*

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.