No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30511

Registration District No. 281 Primary Registration District No. 3048 Registrar's No. 234

1. PLACE OF DEATH:
(a) County Nodoway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ERNEST RAY ADMIRE
3. (b) If veteran, name war none
3. (c) Social Security No. 493-18-3508
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Fay Admire
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased August 11, 1908 (Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 5 If less than one day ... hr. ... min.

9. Birthplace Tucumbia Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Electrician
11. Industry or business
FATHER
12. Name C.F.Admire
13. Birthplace Nebraska (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Myrtle Thomas
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. E.R.Admire
(b) Address Tarkio, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.
19. (a) 9-24-48 (Date received local registrar) (b) Bess Tovell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1948 hour 6 minute 45 p.m.
21. I hereby certify that I attended the deceased from 9-8, 1948, to 9-16, 1948; that I last saw him alive on 9-16, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Respiratory failure | [illegible] |
| Due to: Uremia | 8 days |
| Due to: Congestive Heart Failure Rheumatic Aortic Valvulitis | 24 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. ~~or other~~) M.D.
Address Tarkio, Mo. Date signed 9-20-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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**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 John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.**