

FILED JAN 7 1947

Registration District No. **52**

Primary Registration District No. **5187**

Registrar's No. **98**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Paris, approx
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cat Ridge Mo R#1
(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)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John Squer,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Kaiser

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

7. Birth date of deceased Feb 5 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Perry County, MO
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or Business _____

12. Name John Squer Sr.

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin Squer

(b) Address Cat Ridge Mo R#1

17. (a) Burial (b) Date thereof 12-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arnsburg cemetery

18. (a) Signature of funeral director M. B. Buntline

(b) Address Jackson Mo.

19. (a) 12-23-46 (b) M. B. Buntline
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Paris, approx
(If outside city or town limits, write "RURAL")

(d) Street No. Cat Ridge Mo R#1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 3
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1946 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 22 1946, to Dec 22 1946

that I last saw him alive on Dec 22 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to Diabetes

Due to _____

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

Major findings: Of operations 61

Of autopsy _____

Duration _____

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 1

23. Signature R. D. Raylock (M. D. or other) _____

Address Cat Ridge Mo Date signed 12-23-46

50
District Health Officer No. 4
District File Number 147-2
Date Filed 1-2-47

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 B A Meyer
Licensed Embalmer No. 3051
P. O. Address Jackson 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.