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FILLED SEP 19 1941

State File No. _____

Registration District No. 258

Primary Registration District No. 5360A

Registrar's No. 7

1. PLACE OF DEATH:

(a) County De Kalb

(b) City or town Clarksdale, Rural-Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community five years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County De Kalb

(c) City or town Clarksdale Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi northeast of Clarksdale
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULLNAME SUELLA MAELINCH

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 27, 1941, to Aug 3, 1941;
that I last saw her alive on Aug 3, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hobart Finch 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: Dec 5 1896
(Month) (Day) (Year)

Immediate cause of death: Chronic Endocarditis

Due to: Chronic Nephritis

Other conditions: 12/16

Major findings: Chronic Nephritis

Of operations: _____

Of autopsy: Chronic Nephritis

Duration: Urban

PHYSICIAN: _____

* Underline the cause to which death should be charged statistically.

8. AGE: Years 44 Months 07 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Clarksdale mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Arnold

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

14. Maiden name Sarah Dallas

15. Birthplace De Kalb Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Hobart Finch

(b) Address Clarksdale mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Thornton Cemetery

18. (a) Signature of funeral director John U. Brown

(b) Address Clarksdale mo

19. (a) Aug 5-1941 (Date received local registrar) (b) Mrs C M Davis (Registrar's signature)

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) _____ (e) Means of injury _____

23. Signature Thompson (M. D. or other) D.O.

Address 823 Taron St Jess Mo Date signed 8-4-41

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

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 me

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

Signed John G Brown
Licensed Embalmer No. 3933
P. O. Address Chapel Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.