

NOV 22 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36038
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper
(b) Township Sarcoxie
(c) City Sarcoxie

Registration District No. 416 5571B
Primary Registration District No. 4578

Registered No. _____

(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rachel Lucinda StClair

(a) Residence, No. Sarcoxie, Missouri St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1912

7. AGE YEARS 26 MONTHS 7 DAYS no If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. waitress
10. Date deceased last worked at this occupation (month and year) October 3, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Day (Taney County) Missouri

FATHER 13. NAME James Albis St Clair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney County Missouri

MOTHER 15. MAIDEN NAME Lillian Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Missouri

17. INFORMANT (ADDRESS) J. A. St Clair Sarcoxie, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Sarcoxie Cemetery October 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Cole Sarcoxie, Missouri

20. FILED Oct 4 38 Leroy Sumner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1938, to Oct 3, 1938
I last saw h. Oct 3, 1938 Death is said to have occurred on the date stated above, at 6:20 PM

The principal cause of death and related causes of importance were as follows:

Basal skull fracture
Caused by fall
from morning auto
Other contributory causes of importance:
automobile, highway
Sarcoxie, Mo.

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury Oct 3, 1938

Where did injury occur? Sarcoxie, Mo. Highway 27
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury fall from morning automobile
Nature of injury basal fracture

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) Wm. C. Cole, M. D.
Coroner, Sarcoxie, Mo.
Leroy Sumner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF HEALTH
District Health Officer No. 6,
District File Number 6-38-595
Date Filed NOV 10 1938

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,

Glen C. Cale, or by

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

Signed Glen C. Cale

(Rachel Lucinda St Clair)

Licensed Embalmer No. 3708

P. O. Address Sarcoxie, Missouri

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, above space should be left blank.