

Registration District No. 294 Primary Registration District No. 4178 State File No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Franklin  
(a) County Franklin  
(b) City or town St. Clair  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community life time  
years, months or days

8. (a) PRINT FULL NAME Patsy Joy Co Hansel  
8. (b) If veteran, \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife W 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 22 1937  
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Clair (City, town, or county) Mo (State or foreign country)

10. Usual occupation house

11. Industry or business house

12. Name Charles Alva Hansel  
18. Birthplace St. Clair (City, town, or county) (State or foreign country)  
14. Maiden name Theresa John  
15. Birthplace St. Clair (City, town, or county) (State or foreign country)

16. (a) Informant Charles Alva Hansel  
(b) Address St. Clair Mo

17. (a) Rural (b) Date thereof 7-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Int. Zion

18. (a) Signature of funeral director Wm. E. Kitchell  
(b) Address St. Clair, Missouri

19. (a) \_\_\_\_\_ (b) W. H. Duckworth  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Franklin  
(c) City or town St. Clair  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23<sup>rd</sup>  
year 1940 hour 14 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 15 1940 to July 23 1940  
that I last saw her alive on July 23 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic cerebral  
Due to mitral valvular  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature W. E. Kitchell (M. D. or other) \_\_\_\_\_  
Address St. Clair Date signed 7/24/40

Duration 5 days and 1 year  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

650  
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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Samuel Mitchell*

Licensed Embalmer No.

*3873*

P. O. Address

*St. Clair, 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, above space should be left blank.