

Rev. 5-17-39
I X1031

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

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.

Registration District No. **421**

Primary Registration District No. **53-75A**

Registrar's No. **69**

1. PLACE OF DEATH:
 (a) County **Jefferson**
 (b) City or town **Crystal City**
(If outside city or town limits, write "RURAL" and name of township)
Crystal City, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SUSIE CLAY**
 (b) If veteran, name war **✓**
 (c) Social Security No. **✓**

4. Sex **Female**
 5. Color or race **Cahed**
 6. (a) Single, widowed, married, divorced **Single**
 (b) Name of husband or wife **✓**
 (c) Age of husband or wife if alive **✓** years **23rd** 1893
 (Month) (Day) (Year)

8. AGE:
 Years **47** Months **2** Days **26**
 If less than one day hr. min.

9. Birthplace **Belgrade, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business **own home**

12. Name **Habrie Clay**
13. Birthplace **Union Union**
(City, town, or county) (State or foreign country)

14. Maiden name **Married Green**
15. Birthplace **Union Union**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Lattie Hampton**
 (b) Address **Crystal City, Mo.**

17. (a) Burial (b) Date thereof **July 22, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Crystal City, Mo.**

18. (a) Signature of funeral director **Funerary Palitta**
 (b) Address **Crystal City, Mo.**

19. (a) 7-25-1940 (b) **J. Rutledge MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jefferson**
 (c) City or town **Crystal City, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **County Rd. St.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. **✓** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **19th**
 year **40** ~~1940~~ hour **3:00** minute **P.** M.
21. I hereby certify that I attended the deceased from **July 18**
 _____, 19**40**, to _____, 19____;
 that I last saw her alive on **July 18, 1940**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
 Due to **✓**
 Due to _____
 Other conditions **Intestinal influenza**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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?
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(Specify type of place) While at work? (e) Means of injury _____
23. Signature **Berthelmont Bolgan** (M. D. or other) **✓**
 Address **Festus, Mo.** Date signed **7/20/40**

MAR 10 1950

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. 240
working under my personal supervision.

Signed Geoffrey R. Palitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, Md

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.