

FILED OCT 23 1940

Registration District No. **726** Primary Registration District No. **5957**

1. PLACE OF DEATH:

(a) County **Ralls**
(b) City or town **near New London**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution **2**
In this community **Life**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**
(c) City or town **Near New London**
(d) Street No. **0**
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29**
year **1940** hour **7 pm** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 1**
1940 to **Sept 29**, 1940
that I last saw him alive on **Sept 26**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

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

Major findings: _____
Of operations _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? **653** (Specify type of place) _____
(e) Means of injury _____

23. Signature **W J Waters** (M. D. or other) _____
Address **New London Mo** Date signed _____

3. (a) PRINT FULL NAME **William StClair**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Erma Robertson** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace: **Ralls County** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Rube StClair**
13. Birthplace **Ralls County**
14. Maiden name **Alandi Whitney** (State or foreign country)
15. Birthplace **Ralls County** (City, town, or county) (State or foreign country)

16. (a) Informant **Dud StClair**

(b) Address **Frankford Mo**

17. (a) (b) Date thereof **Oct 1 1940**
(c) Place: burial or cremation **Frankford Mo**

18. (a) Signature of funeral director **Hicks & Son**
(b) Address **Frankford Mo.**

19. (a) **Sept 30 1940** (b) **Blanche Mergoun**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1868

Date Filed OCT 8 1940

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 Loew Fields Nequa

Licensed Embalmer No. 4093

P. O. Address Malford, 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.