

Registration District No. 1Primary Registration District No. 1

Registrar's No.

304

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Futtsville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Laughlin Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
 In this community 20 yrs.
 years, months or days (Specify whether /)

8. (a) PRINT FULL NAME John Thomas St. Clair8. (b) If veteran, name war. _____ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Estaline 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased May 2 1954
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>25</u>	hr. _____ min.

9. Birthplace U.S.A. (City, town, or county) (State or foreign country) ✓10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas St. Clair13. Birthplace Key (City, town, or county) (State or foreign country)14. Maiden name Angeline Bibb15. Birthplace Key (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Chas. Berkman(b) Address Corin, Mo.17. (a) Burial (b) Date thereof Dec. 29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Woodville18. (a) Signature of funeral director Summers & Thomsen(b) Address Futtsville19. (a) Jan 7-1941 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark
 (c) City or town Kalokta
 (If outside city or town limits, write "RURAL")
 (d) Street No. ✓ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1940 hour 2:45 minute _____ P. M.21. I hereby certify that I attended the deceased from Dec 7-
_____, 1940, to Dec 27, 1940
that I last saw him alive on Dec 27, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Nephritis, chronic

Due to _____

Due to _____

Other conditions _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 323. Signature Carl Laughlin (M. D. or other) ✓Address Futtsville, Mo. Date signed Dec 27/40

360
100

260

RECEIVED

District Health Officer No. 10

District File Number 1-41-177

Date Filed JAN 16 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41672
41672
State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 1

Primary Registration District No. 1

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME John Thomas St Clair

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

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

8. AGE: Years 86 Months 7 Days 25 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month Dec day 27 year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. H. Laughlin (M. D. or other) _____
Address Kennett Mo Date signed _____

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

S-41672 1940