

DEAD MAR 17 1941

Registration District No. 229

Primary Registration District No. 3438

Registrar's No. _____

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Lansdo Rural W. Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy 40
(c) City or town Galt MO
(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.? 0 years.

3. (a) PRINT FULL NAME HARRIET JANE M. CLOUD

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John M. Cloud 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March 12 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Harrison Quasoff
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Herbert
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Homer Chouinard
(b) Address Lansdo MO

17. (a) Rural (b) Date thereof Feb 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galt All Cemetery

18. (a) Signature of funeral director P. K. Payne
(b) Address Galt MO

19. (a) Feb 27 1941 (b) Mabel Warren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1941 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from Jan 2nd 1941, to Feb 24 1941 and that I last saw him alive on Feb 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion
N. M. D. /

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

Major findings: Of operations _____
Of autopsy _____

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? ✓ (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 A. Thomas (M. D. or other) D
Address Lansdo MO Date signed 22 Feb 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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Gaet

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.