

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 294 Primary Registration District No. 4178 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Saint Clair
 (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 Rosa Bay
 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 Married
 6. (b) Name of husband or wife George Bay 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25, 1869
 (Month) (Day) (Year)

| 8. AGE: | | | Years | Months | Days | If less than one day |
|---------|--|--|-----------|----------|-----------|----------------------|
| | | | <u>71</u> | <u>8</u> | <u>16</u> | hr. min. |

9. Birthplace Pike County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Hancock

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

14. Maiden name Lucinda Henry

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

16. (a) Informant Arthur Barns

(b) Address St. Clair, Mo.

17. (a) Burial (b) Date thereof April 14, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF St. Clair, Mo.

18. (a) Signature of funeral director _____

(b) Address St. Clair, Mo.

19. (a) May 9, 1941 (b) Th. H. Duckworth
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
 (c) City or town Saint Clair 3
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11 11th
 year 1941 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from April 11, 1941
11 to April 11, 1941
 that I last saw her alive on 4-11-41
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Mitral insufficiency per

Due to _____
Arteriosclerosis per

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)
 Means of injury _____
W. E. Alchuel M.D. or other _____

23. Signature _____ Date signed 5/1-1941
 Address St. Clair, Mo.

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, *H. M. Lenoir*
Licensed Embalmer No. *3604*
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, fact should be so stated above.