

Registration District No. 1149

Primary Registration District No. 5698

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Lanagan  
(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 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Lanagan  
(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.

3. (a) PRINT FULL NAME William Milton St. Clair

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Mamie Geitzel, deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 23 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Edgar County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Eden St. Clair  
13. Birthplace Noble County Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Modocet Crane  
15. Birthplace Owen County, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Bert F. St. Clair  
(b) Address Noel, McDonald Co, Missouri

17. (a) Neosho, Mo. (b) Date thereof 7-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Mo.

18. (a) Signature of funeral director Lee D. Carnell

(b) Address Neosho, Mo.  
(c) 7-12-41 (d) Lee D. Carnell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1941 hour 50 minute 30 M.

21. I hereby certify that I attended the deceased from May 1, 1941, to July 10, 1941;  
that I last saw him alive on July 10, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver - pulmonary Tuberculosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 130

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 \_\_\_\_\_

28. Signature L. O. Fountain (M. D. or other) Dr.  
Address Neosho, Mo. Date signed July 11

Duration 1 1/2 yrs  
3 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

JUL 12 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.

*sub  
off.*

Signed *Lee O. Carnes*

Licensed Embalmer No. *2740*

P. O. Address *Pineville, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.