

DEC 18 1941

Registration District No. 502Primary Registration District No. 4305Registrar's No. 33

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Marceline MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: B. B. Putman Memorial Hospital
 (If not in hospital or institution, write street number, or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community about 15 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lottie Ida St. Clair

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 Arthur St Clair
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased May 12 1877
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>28</u>	hr. _____ min.

9. Birthplace Glennville Minn.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name John Cottrell
 { 13. Birthplace Dont Know 5
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Samantha Wiggins
 { 15. Birthplace Dont Know 5
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur St Clair(b) Address Marceline Mo17. (a) Burial (b) Date thereof Nov 12/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Glennville Minn.18. (a) Signature of funeral director Jamie McLaughlin(b) Address Marceline Mo19. (a) 11-12-41 (b) Oliver Barrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 38
 (c) City or town Marceline Mo 2
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. Gracia St
 (If rural, give location) 1
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1941 hour 4 minute 45 a. M.21. I hereby certify that I attended the deceased from July 10, 1934, to Nov 10, 1941
that I last saw him alive on Nov 10, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Uremia Duration 3 wksDue to Ovarian cyst 10 yrs

Due to _____

Other conditions History syphilis 20 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 309

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 B. B. Putman (M. D. or other) MOAddress Marceline Date signed Nov 11/41

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 Blaise McLaughlin
Licensed Embalmer No. 1969
P. O. Address Marceline T

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.