

No. 2
1-4-41
5-17-36
X26390

FILED JAN 23 1942

Registration District No. 757

Primary Registration District No. 3036

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

1. PLACE OF DEATH

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days Specify whether
In this community 14 DAYS years, months or days

3. (a) PRINT FULL NAME Frances Linderholm Clarke

3. (b) If veteran, name war = 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Johanton E. Clarke 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 3rd 1922 (Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Albert Linderholm
13. Birthplace Chicago Ill. (City, town, or county) (State or foreign country)

14. Maiden name Maudie Hull
15. Birthplace Durlington Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Johanton Clarke
(b) Address Elsberry Ave.

17. (a) Valhalla Cem. (b) Date thereof Dec. 29-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. LOUIS COUNTY, MO

18. (a) Signature of funeral director Clifton Miller
(b) Address Elsberry, Missouri

19. (a) December 29, 1941 (b) Clarence H. Wasclew (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57
(c) City or town ELSBERRY (If outside city or town limits, write "RURAL")
(d) Street No. = (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country =

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 27th year 1941 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12/15 1941 to 12/27 1941
that I last saw her alive on 12/27 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 13 days

Due to Perforation of sigmoid 13 days

Due to Amoebic dysentery 8 yrs
contracted in the Chicago

Other conditions Thyroidism, Fibrosis
(Include pregnancy within 3 months of death)

Major findings: Of operations gangrene of sigmoid
with ink
Of autopsy none 278

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. L. Nuckles (M. D. or other) M.D.
Address St. Charles, Mo. Date signed 12/29/41

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 by me

December 28-1941

Registered Apprentice No.

working under my personal supervision.

Signed.....

Clifton Miller

Licensed Embalmer No.

3364

P. O. Address

Elabury, N.W.

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.