

FILED FEB 18 1942
328

Registration District No. _____

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH: Grundy
 (a) County Grundy
 (b) City or town TRENTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1319 Main St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 weeks
 years, months or days

3. (a) PRINT FULL NAME Lucinda L. Dale
 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 widowed
 6. (b) Name of husband or wife Geo Dale 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 17, 1879
 (Month) (Day) (Year)

8. AGE: Years 92 Months 4 Days 22 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business Home

12. Name John Reeder

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

14. Maiden name Elizabeth Hattabauer

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

16. (a) Informant Mary Patterson

(b) Address Trenton, Mo

17. (a) burial (b) Date thereof Jan 11, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brethrens Cemetery

18. (a) Signature of funeral director Wm J. ...

(b) Address Trenton, Mo

19. (a) 1-21-42 (b) Gene D. Fair
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 40
 (a) State Missouri (b) County Grundy
 (c) City or town TRENTON 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1319 Main St D
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th
 year 1942 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from Dec 20, 1941
 _____, 19____ to Jan 9, 1942
 that I last saw her alive on Jan 5, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
 Due to Age & bedridden state
 Due to _____

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

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 _____

23. Signature DR Rooks (M.D. or other) _____
 Address Trenton Mo Date signed 1-9-42

Duration 1 wk
 Several mos in bed.

PHYSICIAN

Underline the cause to which death should be charged statistically.

1628

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

0
1
2

all

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Leutan, 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.