

FILED JUN 10 1942

Registration District No. _____

Primary Registration District No. 5266

Registrar's No. 23

23
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Clark

(a) County: Wyerscanda-Rural
(b) City or town: _____
(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: Life _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Clark
(c) City or town: Wyerscanda-Rural
(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: Susan Alice 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: Q. L. St. Clair 6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: April 5-1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 23
year 1942 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Jan 1
1935, to April 23, 1942
that I last saw her alive on Apr 22, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 0 Days 18
If less than one day hr. _____ min. _____

Immediate cause of death: Senile Infarctus

Due to _____

Due to _____

9. Birthplace: _____ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housekeeping

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

Major findings: _____
Of operations: _____

Of autopsy: _____

11. Industry or business _____

12. Name: Lynn Beula Dyer

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

14. Maiden name: Sarah R. Hodges

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Q. L. St. Clair
(b) Address: Luray Mo.

17. (a) Burial (b) Date thereof: April 26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New Washburne, Weyerscanda, Mo.

18. (a) Signature of funeral director: L. Dyer
(b) Address: Luray Mo.

19. (a) 5-11-42 (b) Perry J. Borton
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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: 2

23. Signature: B. F. Hutchins (M. D. or other) DO.
Address: Wyerscanda, Mo. Date signed: May 9-42

RECEIVED

District Health Officer No. 10

District File Number 6-42-1266

Date Filed JUN - 9 1942

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 Otis L. Lutting

Licensed Embalmer No. 2965

P. O. Address Lurray 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, above space should be left blank.