

FILED JUL 25 1942 1875

Registration District No. 5381

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Seymour Lincoln  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Seymour, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 2  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1942 hour 8 minute 20 P. M.  
21. I hereby certify that I attended the deceased from March 14  
1942 to March 25, 1942  
that I last saw her alive on March 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Duration 11 days  
Due to arterial hypertension  
Due to \_\_\_\_\_  
Other conditions 830  
(include pregnancy within 3 months of death)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Clarac King  
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 W. A. King 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 15 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Webster County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name William S. Darnall

13. Birthplace Green County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Febba Hargis

15. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant M. A. Hippy

(b) Address Route 2, Seymour, Missouri

17. (a) Burial (b) Date thereof 3-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day

18. (a) Signature of funeral director Clinkingbeard Funeral Ho

(b) Address Ava, Missouri

19. (a) 6-10-42 (b) Helma Waters  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place) (e) Means of injury 0

19. While at work? \_\_\_\_\_  
23. Signature R. M. Norman (M. D. or other) \_\_\_\_\_  
Address Hud Mo Date signed 4/15/42

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

34  
0  
0

*Dr. R. M. Harrison*

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**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..... *M.B. Harrison* .....

Licensed Embalmer No. *3431* .....

P. O. Address.....

**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.**