

FILED NOV 10 1942

Registration District No. 60

Primary Registration District No. 4117

Registrar's No. _____

21
00

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

1. PLACE OF DEATH:

(a) County CHARLTON
(b) City or town DALTON
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Charlton
(c) City or town Dalton
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE CLARKSON

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 Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased December 23RD 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Milton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Housewife

MOTHER FATHER

12. Name Joseph Meddler
13. Birthplace Dont Kuser
(City, town, or county) (State or foreign country)
14. Maiden name Dont Kuser
15. Birthplace Dont Kuser
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Straud

(b) Address Dalton Missouri

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

(c) Place: burial or cremation Dalton Mo.

18. (a) Signature of funeral director R.W. Heisel

(b) Address Brunswick Mo

19. (a) Oct 10 1942 (b) A. L. Smiss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1942 hour 5 minute 17 A.M.

21. I hereby certify that I attended the deceased from Oct 8
1942 to Oct 9 1942
that I last saw her alive on Oct 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to senility & hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 820

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) (c) Means of injury _____

23. Signature Ralph Corhart (M.D. or other) _____

Address Jeffersonville Mo Date signed 10-10-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1024

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-9-42

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.....

L. M. Weiser

Licensed Embalmer No.....

823

P. O. Address.....

Brunswick, 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.