

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 30-49

FILED NOV 13 1942

4136

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(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 15 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Plattsburg Mo.
(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. 0

3. (a) PRINT FULL NAME Sarah Francis Hays

3. (b) If veteran, name war. no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1942 hour 10 minute 30 P.M.

4. Sex female 5. Color or race w

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Dec 12 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1942 to Oct 31 1942
that I last saw he alive on Oct 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. myocarditis + arteriosclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>18</u>	hr. min.

Due to

Due to

9. Birthplace Clinton Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions. (Include pregnancy within 3 months of death) 93%

11. Industry or business.

MOTHER FATHER { 12. Name Wm. Carter

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

14. Maiden name Fannie McDaniel

15. Birthplace Clinton Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Jewell Thompson

(b) Address Palmer Hotel Tulsa Okla.

17. (a) Burial (b) Date thereof 11-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Perian Mo

18. (a) Signature of funeral director. O'Brien - Lyon

(b) Address Plattsburg Mo.

19. (a) Oct 31 - 42 (b) Mrs A C Farwell
(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

(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) (g) Means of injury

23. Signature Paul Steckenay (M. D. or other) Plattsburg
Date signed 11-2-42

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..... *Daniel H. Lyon*.....
..... Licensed Embalmer No. *3640*.....
..... P. O. Address. *Plattsburg, 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.