

FILED JAN - 8 1943

Registration District No. 177

Primary Registration District No. 3008

Registrar's No. 399

1. PLACE OF DEATH

(a) County Bollaway  
(b) City or town Fullon, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital no 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland 14  
(c) City or town Baron  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26,  
year 1942 hour 9:45 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Dec 24, 1942  
\_\_\_\_\_, 19\_\_\_\_, to Dec 26, 1942  
that I last saw her alive on Dec 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Chronic  
Due to Cardio-renal disease  
Due to rheumatoid arthritis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Bertha Clatt

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 Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 11, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 11 15 hr. \_\_\_\_\_ min.

9. Birthplace Knott County, Mo. State O  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Mass Beaufort 9  
13. Birthplace DK (State or foreign country)

{ 14. Maiden name Jules Carter  
15. Birthplace DK 9 (State or foreign country)

16. (a) Informant Record  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 28-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Gorin, Mo

18. (a) Signature of funeral director W M Record  
(b) Address W M Record Mo

19. (a) 12-30-42 (b) Josie Morsinkhoff  
(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)  
(e) Means of injury \_\_\_\_\_  
23. Signature R P Trice (M. D. or other MO)  
Address Fullon Mo Date signed 1/14/43

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

4  
1  
2

1147

JAN 19 194

**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.....

*George V. Baskett*

Licensed Embalmer No. ....

*1817*

P. O. Address.....

*Wrayacorda*

**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.**