

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40885

State File No. ....

LED JAN 13 1942

Registration District No. ....

Primary Registration District No. 3024

Registrar's No. 48

1. PLACE OF DEATH:

(a) County. Howard  
(b) City or town. Fayette Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lee Hospital Fayette Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution? 3 mo. (Specify whether  
In this community. 64 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Howard  
(c) City or town. Harrisburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural -  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month. ~~11-27-42~~ 11-27-42  
year 1942 hour 11 minute 30 a.m.  
21. I hereby certify that I attended the deceased from May 15  
1942 to 11-27 1942  
that I last saw h. in alive on 11-27  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Pericarditis  
with Pericardial effusion  
Due to 90 f  
Duration 10-1-42  
10-15-42

Other conditions. 90 f  
(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 John M. StClair.

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 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. Oct II 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Howard Co Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

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

12. Name Ed StClair

13. Birthplace Virginia (City, town, or county) (State or foreign country) 1

14. Maiden name Nancy Bailey

15. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Andy StClair

(b) Address R. F. D. Hirbee Mo.

17. (a) Burial (b) Date thereof. Nov 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. at Pleasant.

18. (a) Signature of funeral director. Joe W Burton

(b) Address Hirbee Mo.

19. (a) 12-14-1942 (b) James W. Miller  
(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 V. L. Coffman (M. D. or other) M.D.  
Address Fayette Mo Date signed 12-12-42

1321 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

Case File Number.....

Filed 1-12-43.....

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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 Edw. S. Suenow

Licensed Embalmer No. 3978

P. O. Address Glasgow, Md.

**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.**