

Registration District No. **224**

Primary Registration District No. **3046**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**  
(c) City or town **California** **68**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Hannah Medlin**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female**

5. Color or race **W**

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

6. (b) Name of husband or wife **Thomas Medlin**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept 6 1864**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **29**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Moniteau MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **Patrick C. Clifford**

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

14. Maiden name **Mary Kenney**

15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Maud Leonard**

(b) Address **Charleston MO**

17. (a) **Burial** (b) Date thereof **7/7/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Grove Cem**  
**California MO**

18. (a) Signature of funeral director **William Freeman**  
(b) Address **California MO**

19. (a) **7-6-43** (b) **R. J. Baker**  
(Date received local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**  
year **1943**, hour **11** minute **0** A. M.

21. I hereby certify that I attended the deceased from **June 28**  
19**43** to **July 5**, 19**43**  
that I last saw her alive on **July 2**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis**  
**Cause unknown** **6MO.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ **1318**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **None**  
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?

23. Signature **D. L. Latham** (M. D. or other)  
Address **California, MO** Date signed **7-6-43**

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

85  
-143

**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.....

*H. E. Friedmeyer*

Licensed Embalmer No.....

*2854*

P. O. Address.....

*California 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.**

APR 14 1948