

FILED DEC 11 1943

Registration District No. **172**

Primary Registration District No. **5641**

Registrar's No. **64**

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

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Downs
(c) Name of hospital or institution:
5 m. S. Downs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Downs
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi. South
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARA P. WAHL

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Phillip Wahl
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 19 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name John P. Hickam
13. Birthplace Keokuk Iowa MO
(City, town, or county) (State or foreign country)
14. Maiden name Mattie B. Phleger
15. Birthplace Downs MO
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip Wahl
(b) Address Downs, MO
17. (a) Burial (b) Date thereof 11-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Downs, MO

18. (a) Signature of funeral director Winkler
(b) Address Keokuk, MO
19. (a) 12-1-1943 (b) Dr. W.A. Braeckman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from October 30, 1943, to _____, 19____;
that I last saw h. or alive on October 30, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration 5 yrs.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN Underline the cause to which death should be charged statistically.

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 E. M. Morse (M. D. or other) _____
Address Highway 1, Missouri Date signed 11-2-43

Case No. B,
1st File Number _____
Filed 12-9-43

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 Farrist J. Kempf
Licensed Embalmer No. 3275
P. O. Address Lexington, 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.