

FILED JUL 10 1944

Registration District No. _____ Primary Registration District No. 5385

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Meramac Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X 1
(Specify whether)

In this community most of her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

(c) City or town rural 9
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME Lettie Stilwell Clark

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 17 1944 to June 23 1944;
that I last saw h alive on _____, 19____;

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife U.S. Clark

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

7. Birth date of deceased July 25 1880
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Duration Weeks

8. AGE: Years 63 Months 11 Days 1 If less than one day
hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business X

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9321

MOTHER FATHER { 12. Name George Stilwell

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

14. Maiden name Lottie Stilwell

15. Birthplace New York State
(City, town, or county) (State or foreign country)

16. (a) Informant Wynita Curry

(b) Address Salem Mo

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? _____

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/28/44
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cem

18. (a) Signature of funeral director Chas. K. Gerner

(b) Address Salem Mo

19. (a) 6-28-44 (Date received local registrar) (b) Jas. D. McLeod by MGR
(Registrar's signature)

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature G. E. J. J. J. (M. D. or other) Jed

Address Salem Mo Date signed 6/28/44

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

RECEIVED

District Health Officer No. 5,

District File Number 744396

Date Filed 7-8-44

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 Carl H. Primmer

Licensed Embalmer No. 12370

P. O. Address Alton 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.