

FILED 267 11 1945
Registration District No.

Primary Registration District No. 3043

Registrar's No. 270

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Leaning Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(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 Clara Agnes Elzea

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 Clara Elzea 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 03 1852
(Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name John T. Brown
13. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Isabella Wyle
15. Birthplace Rite county Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harry A Smith

(b) Address 1003A Broadway, Hannibal, Mo.

17. (a) Burial (b) Date thereof Sept 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley cemetery

18. (a) Signature of funeral director Ray O. Lehman

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 9-15-45 (b) H. R. M. Juske
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-1-1945 to 9-10-1945
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Senile debility Duration 1 year

Due to Arterio sclerosis

Due to _____

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

Major findings: Of operations no 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 no
(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 J. H. Ardery (M. D. or other) _____
Address Hannibal, Mo. Date signed 9-13-45

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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

Jack H. Lukan

Licensed Embalmer No. 4110

P. O. Address. Hannibal, 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.