

FILED OCT 22 1945
Registration District No. 5508

Primary Registration District No. 5508

State File No. _____
Registrar's No. 243

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
General Hospital - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 4/2

(c) City or town Deepwater, Mo
(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 Carolyn Bue Hestand

3. (b) If veteran, name war No

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10
year 1945 hour 4 minute 31 P M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Clifford Hestand 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Sept 10 - 1945
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day

10 3 2 hr. 12 min.

Immediate cause of death: Prematurity

Due to: Miscarriage at 6th Month

9. Birthplace Clinton, Mo (City, town, or county) U (State or foreign country)

10. Usual occupation _____

Other conditions (include pregnancy within 3 months of death) 10/15

11. Industry or business _____

12. Name Clifford Hestand

13. Birthplace Deepwater, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Lena Bledsoe

15. Birthplace Deepwater, Missouri (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Johan Hestand

(b) Address Deepwater, Mo

17. (a) Burial (b) Date thereof 9-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Wood Cemetery

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? _____

(Specify type of place)

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

18. (a) Signature of funeral director J. R. Hestand

(b) Address Deepwater, Mo

19. (a) Sept - 14 - 45 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

23. Signature E. C. Bell (b) Mo
Address Deepwater, Mo Date signed 9/11/45

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

RECEIVED

10.7,
9-45-1027
10-19-45

from files

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 *Tom Hunt*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater, 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.