

WHITE FERNILI—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton

(c) Name of hospital or institution: 218 W Allen
(If not in hospital or institution, write street number or location)

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

In this community 60 yrs 1
years, months or days

3. (a) PRINT FULL NAME Sarah C Holmes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 1. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 4 13 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Miss Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Walker

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Charles Browder

(b) Address Clinton Mo

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

(c) Place: burial or cremation La Due Cem

18. (a) Signature of funeral director Fred C Wilkinson

(b) Address Clinton Mo

19. (a) 4-19-41 (b) W. J. R. Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 43

(a) State Missouri (b) County Henry

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

(d) Street No. 218 W Allen St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10
year 1941 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3 1938, to April 10, 1941;
that I last saw her alive on April 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular
derivation
Due to _____
Due to _____

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

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 W. J. R. Hamilton (M. D. or other) MD

Address Clinton, Mo Date signed 4/12/41

RECEIVED

District Health Office, No. 7,

District File Number 5-41-826

Date Filed 5-13-41

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 Fred C. Kukus

Licensed Embalmer No. 2478

P. O. Address Clenton

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, above space should be left blank.