

FILLED NOV 18 1941

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 year _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry **042**

(c) City or town Clinton Mo **1**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. 505 South Main St
(If rural, give location)

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

3. (a) PRINT FULL NAME DELIMA CARNEY

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Jefferson Davis Carney 6. (c) Age of husband or wife if alive 75 years

Birth date of deceased July 16 1864
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace ST ANDREWS Canada
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House work

MOTHER FATHER { 12. Name PAUL PAQUIN

13. Birthplace ST ANDREWS Can
(City, town, or county) (State or foreign country)

14. Maiden name DELIMA DELAIDIN

15. Birthplace ST ANDREWS Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Carney

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 10-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (e) Signature of funeral director Christine Peak

(b) Address Clinton Mo

19. (a) Oct 9 1941 (b) D. J. R Hampton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 27, 1941, to October 9, 1941, that I last saw her alive on October 9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of sigmoid **2 year.**

Due to _____

Due to H&D

Other conditions Coronary Embolism **1 hr.**
(Include pregnancy within 3 months of death)

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 R. P. Hallgren (M. D. or other) M.D.

Address Clinton Mo Date signed 10/11/41

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1895

Date Filed 11-14-41

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.....

J. E. Consoler

Licensed Embalmer No.....

1891

P. O. Address.....

Clinton 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.