

FILED APR 17 1942

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **76**

42  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **HENRY CO**

(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry** <sup>042</sup>

(c) City or town **Clinton mo** <sup>1</sup>  
(If outside city or town limits, write "RURAL") <sup>2</sup>

(d) Street No. **415 South 2nd St**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **NOLA MAY CALE**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **22**  
year **1942**, hour **3:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 38** to **Mar 22**, 19**42**  
that I last saw him alive on **May 22**, 19**42**  
and that death occurred on the date and hour stated above.

4. Sex **! Fem** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **man**

6. (b) Name of husband or wife **J Neale** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **AUG 24 1874**  
(Month) (Day) (Year)

Immediate cause of death **Retinitis tumour** <sup>8 yrs.</sup>

Due to **(benign)**

Due to **562**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **tumour removed 8 yrs ago**  
**eye not done**

8. AGE: Years **67** Months **6** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **HENRY CO MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **House work**

12. Name **JACOB GAUPP**

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

14. Maiden name **CARDLINE KAUSE**

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

16. (a) Informant **J N Cale**  
(b) Address **Clinton mo**

17. (a) **Burial** (b) Date thereof **3-24-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **Consolator & Beck**  
(b) Address **Clinton mo**

19. (a) **March 24 1942** (b) **Georgia Vitcher**  
(Date received local registrar) (Signature)

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 **Joseph B Orull** (M. D. or other) **M.D.**  
Address **Clinton, mo** Date signed **3-24-42**

Duration **8 yrs.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

1069

RECEIVED

District Health Officer No. 7,

District File Number 4-42-317

Date Filed 4-7-42

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. Consalvo*

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.