

FILED APR 10 1942

Registration District No. 347

Primary Registration District No. 5488

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton RR # 1, 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 1
(Specify whether years, months or days)

In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Clinton RR # 1
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hattie Keck

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Married 6. (c) Wid

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 1861 years

7. Birth date of deceased: Sept 19 (Month) 19 (Day) 1861 (Year)

8. AGE: Years 80 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Sand Springs Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business

MOTHER FATHER

12. Name George Smith

13. Birthplace Sand Springs Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Fatherine McVey

15. Birthplace Sand Springs Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant George Keck

(b) Address Clinton Mo RR 1

17. (a) Burial (b) Date thereof 3-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consuelo J. ...

(b) Address Clinton Mo

19. (a) March 4, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 8 minute PM

21. I hereby certify that I attended the deceased from July 8 1941, to Feb 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
(D. R. H.)

Due to Hypertension

Other conditions gza!
(Include pregnancy within 3 months of death)

Major findings: gza!

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Dr. R. L. Hall (Specify type of place) 070
Address Clinton Mo Date signed 3/4/42

RECEIVED

District Health Officer No. 7,

District File Number 4-42-304

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.....

Licensed Embalmer No. 1891

P. O. Address.....

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.