

Registration District No. 347

Primary Registration District No. 5488

Registrar's No. 122

42
6
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 1
(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 years
years, months or days)

3. (a) PRINT FULL NAME MARAGRET IMMER

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

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased July 12 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House work

MOTHER FATHER { 12. Name L E E DUC

13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

14. Maiden name Sophia

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Homer Immer

(b) Address Clinton Mo R.R.

17. (a) Burial (b) Date thereof 5-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conrad W. Beck

(b) Address Clinton Mo

19. (a) May 25, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Clinton Mo R.R. 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from one year
_____, 1941 to 5-23, 1942;

that I last saw her alive on 5-18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death diabetes mellitus

Due to Old age

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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 J. R. Hampton (M. D. or other) _____

Address Clinton Date signed 5-28-42

RECEIVED

District Health Officer No. 7,

District File Number 6-42-573

Date Filed 6-8-42

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. Cousalier

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.