

FILED JUN 10 1942

Registration District No. 347

Primary Registration District No. 5488

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton RR #2
(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 years, months or days)

In this community 50 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY

(c) City or town CLINTON RR #2
(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.

3. (a) PRINT FULL NAME Thomas A. Hison LAW

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1942 hour 9:00 minute 10 A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Mar

6. (b) Name of husband or wife Ann Lee 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: Feb 13 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1939, to May 16, 1942, that I last saw him alive on May 15, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 3 Days 3 If less than one day _____ hr _____ min.

Immediate cause of death: Chronic myocarditis unknown

Due to: Generalized arterio-sclerosis unknown

9. Birthplace: COAL CO OKLA
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Other conditions: none
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name PERRY GREEN LAW

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

14. Maiden name PERRY
(City, town, or county) (State or foreign country)

15. Birthplace KERIAH GARRITT Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations none 930

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Tom a Law

(b) Address Clinton RR #2

17. (a) Burial (b) Date thereof 5-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Carroll & Beck

(b) Address Clinton Mo

19. (a) May 18, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's 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 S. B. Hughes (M. D. or other) A. D.

Address Clinton Mo Date signed May 17/42

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

RECEIVED
District Health Officer No. 7,
District File Number 6-42-577
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 Consoluel

Licensed Embalmer No. 7891

P. O. Address.....

Clinton, N.

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.