

Registration District No. 137

Primary Registration District No. 3023

42  
2

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

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. R R #1  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ruth Clara Hartpence

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23  
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-7  
1942 to 11-23 1942  
that I last saw her alive on 11-23 1942  
and that death occurred on the date and hour stated above.

4. Sex F 1

5. Color or race w

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

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct 9 1899  
(Month) (Day) (Year)

Immediate cause of death Subarachnoid Hemorrhage 4 da

Due to Removal of breast for carcinoma of breast 15 da

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 50

8. AGE: Years 43 Months 1 Days 14 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace st clair co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name Geo Breon

13. Birthplace st clair co mo  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Mc Ghee

15. Birthplace st clair co mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Hartpence  
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 11-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Charles H. Beck  
(b) Address Clinton mo

19. (a) Nov 25 1942 (b) Georgia Ritchie  
(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 M. Walker (M.D. or other) M.D.  
Address Clinton mo Date signed 11-25-42

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1342

Date Filed 12-10-42

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 Consolow  
Licensed Embalmer No. 1891  
P. O. Address Clinton

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.