

No. 2
5-42
17-39
X32873

FILED FEB 7 1946

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Henry Clinton

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

(c) Name of hospital or institution Raines Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs 4
(Specify whether years, months or days)

In this community 58 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. Raines Nursing Home
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter W. Elmer

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1946 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1-29-46
..... 19..... to 2-1..... 1946
that I last saw him alive on 1-30..... 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife V

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

7. Birth date of deceased: 12 (Month) 22 (Day) 1870 (Year)

Immediate cause of death Don't know Duration
Had an arrhythmia of fibrillation
I digitalized him. He seemed
to be doing well on the
30". I was notified of
his death this morning
S.E.C.

8. AGE: Years 75 Months 1 Days 9 hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy None

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

MOTHER FATHER

11. Industry or business

12. Name Frank A. Elmer

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name May Nebel

15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Elmer
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 2 3 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Ed. Waldman
(b) Address Clinton Mo

19. (a) 2-1-46 (b) R. R. Kenney
(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 G. C. Berber (M., D., or other) M.D.
Address Clinton Mo Date signed 2/1/46

102D

FEB 11 1946

RECEIVED

Officer No. 7,

1-46-42

Date Filed. 2-6-46

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

Fred W. Peterson

Licensed Embalmer No.

2478

P. O. Address

Clinton M

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.