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JAN 20 1941

570

Primary Registration District No.

5665

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn County
(b) City or town Rural
(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 _____
(Specify whether
In this community All years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Laclede Mo
(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. Rural years.

3. (a) PRINT FULL NAME Laura U. Northrup

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 Single

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

7. Birth date of deceased Mar. 14 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 23 hr. min.

9. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

12. Name Clark Northrup

13. Birthplace _____ Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Marie F. Geen

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

16. (a) Informant Mrs Emma Mullett

(b) Address Laclede, Mo. R-1

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

(c) Place: burial or cremation Rose Hill Brookfield

18. (a) Signature of funeral director Mrs Shrum
(b) Address Laclede Mo

19. (a) Dec 9-40 (b) Mrs Geo O Plowman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th
year 1940 hour 6 P.M minute _____ M.

21. I hereby certify that I attended the deceased from on
Nov. 21, 1940, to _____, 1940;
that I last saw her alive on Nov. 21, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to chronic Congestive
Endocarditis

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?
Mo. 449
While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature [Signature] (M.D. or other) 20
Address Laclede, Mo Date signed 12-9-40

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

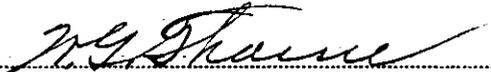
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

W.G. Thorne

Registered Apprentice No. 2876

working under my personal supervision.

Signed



Licensed Embalmer No. 2876

P. O. Address Laclede, Mo. Linn Co

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.