

FILED JAN 22 1941

Registration District No. **228 4**

Primary Registration District No. **4-1-6-85402**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Clarkton, Mo. "Rural"**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Clarkton, "Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lowell C. Waltrip**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **7**

6. (b) Name of husband or wife **Anna Mae Waltrip Haise #42** 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased **March 27 1899**
(Month) (Day) (Year)

8. AGE: Years **42** Months **8** Days **9** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **Albert O. Waltrip**

13. Birthplace **Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Alice Starrett**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Harbert Waltrip**

(b) Address **Clarkton, Mo.**

17. (a) **Burial** (b) Date thereof **Dec 8 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stanfield Cemetery**

18. (a) Signature of funeral director **Landless Funeral Home**

(b) Address **Campbell, Mo.**

19. (a) **12-8-41** (b) **J. S. Clamm**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **Dec**
year **1941** hour **11** minute **2** M.

21. I hereby certify that I attended the deceased from **unattended by a Physician**
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Intestinal Injuries, which first**
Right Arm Caught in the
Due to teeth of a Live Spreader
while it was Rhythmic
Due to Spreading Time in the Field

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

Major findings: **1750-4**
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **12-6-41**

(c) Where did injury occur? **normal Dunklin Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm.

While at work? **no** (Specify type of place)

(e) Means of injury _____

23. Signature **George J. Helmore MD** (M, D, or other)

Address **Coroner of Dunklin Mo** Date Signed **12/24/41**

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

5
0
0

RECEIVED

District Health Office No. 2,

District File Number 142-74

Date Filed 1-16-42

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.