

FILED APR 10 1942  
Registration District No. **347**

Primary Registration District No. **5501A**

Registrar's No. **64**

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: Deesville Trwp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry **042**

(c) City or town Clinton Mo RR # 2  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME Susan Jane Carleton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4th  
year 1942 hour 4:30 minute AM

21. I hereby certify that I attended the deceased from 12-7-39 to 3-4-42  
that I last saw him alive on 10-10-40 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 1 1864  
(Month) (Day) (Year)

Immediate cause of death myocarditis  
Senility

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 162 lb

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Benton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name William Miller

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

14. Maiden name Caroline

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Homer Carleton  
(b) Address Clinton RR 2

17. (a) Burial (b) Date thereof 3-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topo Cemetery

18. (a) Signature of funeral director Consuelo R. Beck  
(b) Address Clinton Mo

19. (a) March 6, 1942 (b) Georgia Kitcher  
(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 Joseph B. Conill (M. D. or other) MD  
Address Clinton Date signed Mo

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7

District File Number 4-42-305

Date Filed 4-7-42

---

---

**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. Cousar  
Licensed Embalmer No. 1891  
P. O. Address Clinton 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.**