

FILED AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2774

48
8/3

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DeLora Convalescent Home 4 622 Benton Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos 1 week
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 112 Clinton Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. -

3. (a) PRINT FULL NAME Mrs. Viola St. Clair

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Jesse St. Clair 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March 5 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business -

MOTHER FATHER

12. Name Elias Stillwell

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

14. Maiden name Mary Ann Hambrich

15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant A. R. Steerevell

(b) Address 112 Clinton Place

17. (a) Burial (b) Date thereof July 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 4444 Mt. Washington Cemetary

18. (a) Signature of funeral director W. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-20-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
year 1942 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 11, 1942 to July 18, 1942
that I last saw h. alive on July 18 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Chronic Myocarditis
Due to Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death) 121 B

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations -
Of autopsy -

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) (a) Meaning of injury
23. Signature Waldman Bldg Date signed 7-20-42

09:30AM
Michaelheim 12/26/99

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 *K. C. Newcomer*

Licensed Embalmer No. 4043

P. O. Address *K. C. Newcomer*

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.