

FILED NOV 13 1942

Registration District No. 99

Primary Registration District No. 4168

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County DEKALB
(b) City or town MAYSVILLE
(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 25 yrs.
years, months or days)

3. (a) PRINT FULL NAME HATTIE M^cCLURE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W. 6. (a) Single widowed married, divorced M.

6. (b) Name of husband or wife FINLEY M^cCLURE 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased MAR. 21-1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace DEKALB Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name JOHN W. RIGGS

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

14. Maiden name ADELINE ROWNLAND

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

16. (a) Informant Finley McClure

(b) Address Maysville MO

17. (a) Burial (b) Date thereof 10-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOPKINSON CEM.

18. (a) Signature of funeral director FACHER FUNERAL HOME

(b) Address MAYSVILLE MO

19. (a) 1572/157 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DEKALB
(c) City or town MAYSVILLE
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 22
year 1942 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from August 1942 to October 1942
that I last saw her alive on October 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary artery disease one year
Duration

Due to _____

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

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)

(e) Means of injury _____

23. Signature Mohammad Sabir (M. D. or other) _____

Address Maysville, Mo. Date signed 10-26-42

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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.....

Licensed Embalmer No. 3960

P. O. Address.....
Maysville 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.