

FILED JUN 12 1944

Primary Registration District No. 4443

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mulberry Street /
(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 Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. 205 East Mulberry
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Mary StClair

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 Widowed
6. (b) Name of husband or wife Ed G. StClair 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 20 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name J.D. Dye
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Louise Francis Willin
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rachel Summers
(b) Address Huntsville, Missouri
17. (a) burial (b) Date thereof 5/27/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Vatten
(b) Address Huntsville, Mo
19. (a) 6-1-44 (b) Mrs. P. Dye
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1944 hour 4 minute 9 M.
21. I hereby certify that I attended the deceased from May 1
1944, to May 22, 1944
that I last saw her alive on May 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Bright Disease Duration 6 mo.
Due to arterio-sclerosis & Hypertension
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) 1318

Major findings:
Of operations none
Of autopsy none

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?

23. Signature P. Dye (M. D. or other) MD
Address Huntsville Mo Date signed 6/1/44

RECEIVED

District Health Officer No. 10

District File Number 6-44-1160

Date Filed JUN 9 1944

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 *Paul J. Dalton*

Licensed Embalmer No. 4095

P. O. Address *Quintwell, Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.