

FILED SEP 27 1945

Registration District No. 179

Primary Registration District No. 5669

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural (Hawk Point Twnsp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
(c) City or town 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 Isabelle F. Trail

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 Lake Trail 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 3, 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Henry Clare

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

14. Maiden name Ermin Kirtley

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

16. (a) Informant Mrs. Lura Steinmeyer

(b) Address 236 Orrick Lane, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 8-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln County, Mo.

18. (a) Signature of funeral director J. W. Meiburg & Co.
Warrenton, Mo.

(b) Address _____

19. (a) Aug 18, 1945 (b) Pauline M. Grogan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1945 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7-24
1945 to 8-2 1945
that I last saw h. er alive on 8-2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chr. Cardio-Vascular-Renal Disease
Due to Senility = Senile Dementia

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

Major findings:
Of operations _____
Of autopsy _____

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?

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature J. W. Meiburg & Co. (M. D. or other) md
Address Warrenton, Mo. Date signed 8.3.45

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

7

1286

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-6-45

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 John J. Huebing
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.