

FILED AUG 20 1946

Registration District No. 25

Primary Registration District No. 3011

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton Mo
(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 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 406 N. JEFFERSON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Dale Duskin

3. (b) If veteran, name war None 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 David Worth Duskin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 1861 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name David R. Beauchamp

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

14. Maiden name Wagon Rebins

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

16. (a) Informant David W. Mascherer

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof Aug 11 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Bellville Cemetery

18. (a) Signature of funeral director David W. Mascherer

(b) Address Carrollton Mo

19. (a) 8/10/46 (b) Tom Herbert Carter (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1946 hour 9:15 minute 9 M.
21. I hereby certify that I attended the deceased from July 1946 to Aug 7 1946 that I last saw her alive on Aug 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
Due to arteriosclerosis general
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 46
Of autopsy _____

Duration
1 year
3 years
?

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? _____
(Specify type of place) _____
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature Clara Dale Duskin (M. D. or other) _____
Address Carrollton Mo Date signed 8-9-46

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

25569

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-17-46

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.....

R. M. Marshall Jr....., Registered Apprentice No. 400
working under my personal supervision.

Signed R. M. Marshall.....

Licensed Embalmer No. 25205.....

P. O. Address Carrollton 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.