

No. 2  
5-43  
5-17-39  
X36671

FILED JUN 17 1948

Registration District No. **163**

Primary Registration District No. **3031**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **Jefferson**  
(b) City or town **De Soto**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **206 S. 3rd St. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NONE** (Specify whether)  
In this community **50 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**  
(c) City or town **De Soto** **50**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **206 S. 3rd St.** **2**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No) **2**  
If yes, name country **✓**

3. (a) PRINT FULL NAME **Mary Nealia DeClue**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **F** 5. Color or race **W** 6. (a) Single  **widowed**, married, divorced **2**  
6. (b) Name of husband or wife **LUCIAN DeClue** 6. (c) Age of husband or wife if alive **deceased**  
7. Birth date of deceased **JAN. 24 1868**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **4** Days **9** If less than one day hr. min.

9. Birthplace **Blackwell Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER

12. Name **Narciss Politte**  
13. Birthplace **Old Mines, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Clementine DeClue**  
15. Birthplace **Old Mines, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Huskey**

(b) Address **5619 Etzel An. St. St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **6-6-48**  
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary, De Soto, Mo.**

18. (a) Signature of funeral director **Lee Motherhead**

(b) Address **De Soto, Mo.**

19. (a) **6/12/48** (b) **Marie Harris**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **3rd**  
year **1948** hour **9** minute **30 A.M.**  
21. I hereby certify that I attended the deceased from **26 Apr 1946** to **3 June 1948**  
that I last saw **her** alive on **3 June 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerotic cardio-vascular disease yrs.**

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

Major findings: Of operations **731A**  
Of autopsy

Duration  
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) \_\_\_\_\_  
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 **Harold V. Propst** (M. D. or other) **M.D.**  
Address **De Soto, Mo.** Date signed **4 June 48**

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 15 1948

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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 J. Lee Motherhead  
Licensed Embalmer No. 3531  
P. O. Address Desoto 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.**