

FILED NOV 20 1944

Registration District No. **221**

Primary Registration District No. **5793**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County **MONITEAU**  
(b) City or town **RURAL LINN TWP**  
(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 **1**  
(Specify whether  
In this community **83 yr**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONITEAU**  
(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 **FANNY E. CLAY**

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 \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **DEC 30 1860**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **26** If less than one day hr. min.

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

10. Usual occupation **RETIRED**

11. Industry or business \_\_\_\_\_

12. Name **WILLARD HUDSON**

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

14. Maiden name **ELIZA BOGGS**

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

16. (a) Informant **Medred L. Paddock**

(b) Address **St Louis Mo**

17. (a) **BURIAL** (b) Date thereof **Oct. 21-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ZION CEM.**

18. (a) Signature of funeral director **C. Albert Hornbeck**

(b) Address **Prairie Home Mo**

19. (a) **Oct-20-1944** (b) **Moore Sengsch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **19** year **1944** hour **8** minute **00** AM

21. I hereby certify that I attended the deceased from **Jan 1944** to **Oct 19 1944** that I last saw him alive on **Oct 18 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Bronchitis Suspect TB**

Due to \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature **A L Meredith** (M. D. or other) \_\_\_\_\_  
Address **Prairie Home Mo** Date signed **10-19-44**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

FEB 26 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-15-44

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.**