

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6471
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
(b) Township Fishing River Primary Registration District No. 2011
(c) City Excelsior Springs (d) Street No. _____ Registered No. 26
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAVARIA VIOLA CLARE 460

(a) Residence, No. 703 Summit St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Springs Mo.

13. NAME Carl Clare

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingsport Mo.

15. MAIDEN NAME Gladys Mulligan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Springs Mo.

17. INFORMANT (ADDRESS) Carl Clare
Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE July 28 1938

19. FUNERAL DIRECTOR (ADDRESS) Clara Prichard
Excelsior Springs Mo.

20. FILED Feb 28 1938 Cornea M. McClain
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29 1938 to Feb. 26 1938
I last saw him alive on Feb. 26 1938. Death is said to have occurred on the date stated above, at 2:50 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
9 -
Other contributory causes of importance: Whispering cough.
Date of onset 1-29-38

Name of operation none Date of _____
What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury primarily related to occupation of deceased? no
If so, specify SPM related to occupation of deceased
(Signed) Excelsior Spng Mo., M. D.
1938 (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)