

REC'D DEC 16 1938

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

39283

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
(b) Township Windsor Primary Registration District No. 4307 Registered No. _____
(c) City Calhoun Mo (d) Street No. _____ St. _____
(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

Martha Pearl Clouse
(a) Residence, No. _____ St. (If nonresident, give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Calhoun, Mo
(STATE OR COUNTRY)

13. NAME Lawrence Clouse

14. BIRTHPLACE (CITY OR TOWN) Auburn, Neb
(STATE OR COUNTRY)

15. MAIDEN NAME Martha Spickler

16. BIRTHPLACE (CITY OR TOWN) Auburn, Neb
(STATE OR COUNTRY)

17. INFORMANT Lawrence Clouse
(ADDRESS) Calhoun, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englemont DATE 11-15 38

19. FUNERAL DIRECTOR (NAME) Comalus & Peck
(ADDRESS) Clinton Mo.

20. FILED 11-18 19 38 Mrs. A. G. Gray
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 14 NOV 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938, to Nov 13, 1938

I last saw her alive on Nov 15, 1938. Death is said

to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Tonsillitis

Date of onset

Nov 101938

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ 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 in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. J. Ballard, M. D.

(Address) Calhoun Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-38-523

Date Filed 12-7-38

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.