

REC'D MAY 16 1939

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

15081
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 398
 (b) Township Blue 1 Primary Registration District No. 5554
 (c) City..... (d) Street No. 109 N. W. Elm 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

460 Mrs. Selina Clow
 (a) Residence, No. 109 N. W. Elm St.
 (Usual place of abode, if no street address, write county or city) (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 Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Clow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1864
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 2 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Michigan 1

FATHER 13. NAME Adam Rees 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER 15. MAIDEN NAME Mary Briner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. D. D. Mc Clain
1022 E. Lexington

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 4-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Blackman
2525 Independence

20. FILED 4-24-39 J. A. Cook
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1939, to Apr 21, 1939
 I last saw her alive on Apr 21, 1939. Death is said to have occurred on the date stated above, at 10:30 m. PM
 The principal cause of death and related causes of importance were as follows:

Pneumonia
92C
 Date of onset Apr 14, 1939
 Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of.....
 What test confirmed diagnosis? None Was there an autopsy? No

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? No
 If so, specify.....
 (Signed) Stewart G. Johnson, M. D.
 (Address) Independence - Mo.

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.

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.