

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

40974
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Co Registration District No. 827
 (b) Township Clay Primary Registration District No. 4500 Registered No. 25
 (c) City Clarence 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Clarence Mo (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Ray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21-1854</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>3</u>	DAYS <u>19</u>
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. <u>Retired Farmer</u>		
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) <u>Kentucky</u>		
13. NAME <u>Thomas Clutter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Frankie Irwin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Stenson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Wood</u> DATE <u>10/10/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>William H. Borker</u> <u>Clarence Mo</u>		
20. FILED <u>Nov 18 39</u> <u>Roy Hamilton</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1930, 19____, to Oct 8 1939, 19____.
 I last saw er alive on Oct 8, 1939. Death is said to have occurred on the date stated above, at 10 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Senile dementia

Other contributory causes of importance:
Senile dementia

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? no Date of injury no, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) D. L. Harlan M. D.
 (Address) Clarence, 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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2108

Date Filed DEC 7 1939

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

Henry R. Berkeley

Licensed Embalmer No. 3835

P. O. Address Shelburne 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, above space should be left blank.