DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2823

Registration District No. 441 — 6 Primary Registration District No. 6600 — Registrar's No. 3

FILED FEB 6 1940

1. PLACE OF DEATH:

(a) County: Knox

(b) City or town: Baring. (If outside city or town limits, write "RURAL" and name of township) Rural.

(c) Name of hospital or institution: Benton Twp.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Knox

(c) City or town: Baring. (If outside city or town limits, write "RURAL") Rural Benton Twp.

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Mary M. Clouser. 42 1/2

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: White.

6. (a) Single, widowed, married, divorced: Widowed.

6. (b) Name of husband or wife: Ben Clouser.

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Oct (Month) - 20 (Day) - 1860. (Year)

8. AGE: Years 79 | Months 2 | Days 16 | If less than one day: hr. min.

9. Birthplace: Dawson. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Homekeeper.

11. Industry or business:

FATHER 12. Name: Nelson Judd

13. Birthplace: Dawson (City, town, or county) Ill. (State or foreign country)

MOTHER 14. Maiden name: Susan Miller

15. Birthplace: uk. (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant's own signature: U C Clouser

(b) Address: Baring Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: Jan-8-40. (Month) (Day) (Year)

(c) Place: burial or cremation: Linvile. Edina. Mo.

18. (a) Signature of funeral director: Keith Hudson

(b) Address: Edina Mo.

19. (a) Jan 8 1940 (Date received local registrar) (b) Mrs. C. M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1940. hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec. 23, 1939, to Jan. 6, 1940, that I last saw her alive on Jan. 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Duration: unk.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: none

Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: J Graham Gray (M. D. or other) MD

Address: Edina, Mo. Date signed 1/8/40

(Licensed Embalmer's Statement on Reverse Side)

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 2-40-287
Date Filed FEB 5 1940

MAR 11 1945

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.