

FILED MAR 14 1940

Registration District No. 9

Primary Registration District No. 4542

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Webster - marshfield
(b) City or town Marshfield, Mo.
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether Y)

In this community 11-2-40
years, months or days

3. (a) PRINT FULL NAME Ophelia M. Claxton

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Noah 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased April 8 1845
(Month) (Day) (Year)

8. AGE: Years 94 Months 9 Days no If less than one day X hr. X min.

9. Birthplace Wright Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Thomas Russell
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name ✓
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. L. Kerr

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof Jan. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartville, Missouri

18. (a) Signature of funeral director Roy Lamm

(b) Address Marshfield, Missouri

19. (a) 14-40 (b) Eleanor Huff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from JAN 6
1940 to JAN 8, 1940;
that I last saw her alive on JAN 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to 2
Due to 12 H
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 2
(b) Date of occurrence ✓

(c) Where did injury occur? 2
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

28. Signature W. H. Spencer (M.D. or other) DO.
Address Marshfield Date signed 2-8-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 6,

District File Number 240-836

Date Filed MAR 13 1940

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.