

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38836**

Registration District No. **378**

Primary Registration District No. **4222**

Registrar's No. **79**

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Jayetta
(c) Name of hospital or institution: 405 Watts
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2

3. (a) PRINT FULL NAME RHODA CREWS CLOUD
8. (b) If veteran, name war L 8. (c) Social Security No. L

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A.B. Cloud 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept. 17 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Rochester MO
(City, town, or county) (State or foreign country)

10. Usual occupation Manager Business

11. Industry or business school

MOTHER FATHER
12. Name Joseph H. Crews
13. Birthplace MO
14. Maiden name Elizabeth Sarah
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A.B. Cloud

(b) Address Jayetta MO

17. (a) Burial (b) Date thereof Nov. 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, MO

18. (a) Signature of funeral director H.P.M. Cary

(b) Address Glasgow, MO

19. (a) Nov. 20, 40 (b) Viola McColbly, reg.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Jayetta
(If outside city or town limits, write "RURAL")
(d) Street No. 405 Watts
0 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1940 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from September 1939 to Nov. 17 1940
that I last saw her alive on Nov. 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary anemia Duration 2 mo.

Due to generalized Carcinomatosis 3 mo.

Due to Carcinoma of cervix 10 mo.

Other conditions (Include pregnancy within 3 months of death)

Major findings: none 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? 3 4 1

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

23. Signature Wm. J. Shaw (M. D. or other) M.D.

Address Jayetta, Mo. Date signed 11-18-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
Health Officer No. 8,
Date Filed 12-11-10

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..... *W. M. Cray*

Licensed Embalmer No. *3153*

P. O. Address..... *Glasgow Wv*

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.