

FILED FEB 14 1941

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2712

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 615 W Grandview St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME FRANCIS M DOAN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Rosa 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 15 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John S Doan

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Maragret Johnson

15. Birthplace Irid
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs F M Doan
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalvus + Rees
(b) Address Clinton Mo
19. (a) 1-21-41 (b) W. J. R. Ampten
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18
year 1941 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1-14
_____ 1941, to 1-18, 1941
that I last saw him alive on 1-17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute glom. Nephritis 4 days

Due to: Chr. Diabetes Mellitus 2 yrs

Due to: _____
Other conditions: bl
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration
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? _____

23. Signature Raymond H. Smith (M. D. or other) MD
Address Clinton Mo Date signed 1-17-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 2-41-278
Date Filed 2-7-41

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 J. E. Consolm
Licensed Embalmer No. 1891
P. O. Address Clinton

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.