

MAILED FEB 18 1941

Registration District No. 137

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4508

4568

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bloomfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

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

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard / 03

(c) City or town Bloomfield, Mo. 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) 0

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

3. (a) PRINT FULL NAME CLARA HAYDOCK

3. (b) If veteran, name war: _____

3. (c) Social Security No. 4-98-10-4289

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: 4 11 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd year 1941 hour 2:00 minute a. M.

21. I hereby certify that I attended the deceased from Dec 31, 1940, to Jan 3, 1941
that I last saw her alive on Jan 3, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death: Lobar Pneumonia 5 days

Due to _____

Due to _____

Other conditions: Pericarditis anterior 1 yr
(Include pregnancy within 3 months of death)

9. Birthplace: Marshall co. / Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation: Saleslady in store

11. Industry or business: _____

MOTHER FATHER { 12. Name: Joseph G. Haydock

13. Birthplace: / Ky.
(City, town, or county) (State or foreign country)

14. Maiden name: Jennie Grubbs

15. Birthplace: / Ky.
(City, town, or county) (State or foreign country)

Major findings: None made

Of operations: _____

Of autopsy: None made

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

16. (a) Informant: Miss Luna Haydock

(b) Address: Bloomfield, Mo.

17. (a) Burial (b) Date thereof: Jan. 5, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bloomfield cemetery

18. (a) Signature of funeral director: B. H. and Co.

(b) Address: Bloomfield, Mo.

19. (a) Jan-10-41 (b) Essie Punch
(Date received local registrar) (Registrar's signature)

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? 865
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature: J. H. Davis (M. D. or other) MD

Address: Bloomfield, Mo Date signed: 1-10-41

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

RECEIVED

District Health Officer No. 2,

District File Number 241-257

Date Filed 2/12/41

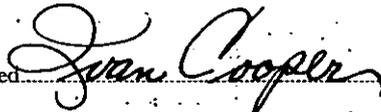
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, 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, fact should be so stated above.