

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

14202

Registration District No. 143 Primary Registration District No. 0-208- Registrar's No.

1. PLACE OF DEATH:

(a) County Carter
 (b) City or town Van Buren
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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) 68 years

8. (a) PRINT FULL NAME Lydia M. Clow
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mar 22 1869
 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Mother Mauer
 13. Birthplace Van Buren
 (City, town, or county) (State or foreign country)
 14. Maiden name Agata Neal
 15. Birthplace Van Buren
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillie Rhea
 (b) Address Van Buren
 17. (a) Funeral (b) Date thereof 4/27/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Van Buren

18. (a) Signature of funeral director James L. ...
 (b) Address Van Buren
 19. (a) 4/27/41 (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
 year 1941 hour _____ minute 5 PM.

21. I hereby certify that I attended the deceased from Nov. 30, 1940
Apr. 27 to Apr. 24, 1941
 that I last saw her alive on 4-24-, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration 1 yr.
 Due to Chronic Endocarditis 10 yrs.

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____ Of autopsy _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. M. Cullon (M. D. or other) _____
 Address Van Buren Date signed 4/27/41

WRITE PLAINLY—USE UNFADING INK
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

RECEIVED

District Health Officer No. 5,

District File Number 5411655

Date Filed _____

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. 4053

P. O. Address..... Van Buren St.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14202

Registration District No. 143

Primary Registration District No. 5205

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Carter, Mo.
(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 _____
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lydia McClone
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH Month 4 day 24
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
72 1 2 hr. min.

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director (b) Address

19. (a) 11-26-1941 (b) McClone (Date received local registrar) (Registrar's signature)

23. Signature W. Cotton (M. D. or other)
Address Dan Buren Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

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

S-14202