

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15043

State File No.

Registration District No. 477

Primary Registration District No. 4290

Registrar's No. 39

1. PLACE OF DEATH:

(a) County. LEWIS
(b) City or town. LEWISTOWN
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME. CARRIE ADELINE CLICKNER

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

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

6. (b) Name of husband or wife. CHARLES F. CLICKNER 6. (c) Age of husband or wife if alive. 76 years

7. Birth date of deceased. APRIL 16 1890
(Month) (Day) (Year)

8. AGE: Years 71 Months - Days 11 If less than one day hr. min.

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

10. Usual occupation. AT HOME

11. Industry or business

12. Name. SAMUEL DARE

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

14. Maiden name. ANNA HOUSE

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

16. (a) Informant. Anna Thresher

(b) Address. Lewistown Mo

17. (a) Burial (b) Date thereof. 4 29 1941
(Burial, cremation, or removal). (Month) (Day) (Year)

(c) Place: burial or cremation. DEER Ridge Mo

18. (a) Signature of funeral director. James A. Lader

(b) Address. Lewistown Mo

19. (a) April 29, 1941 (b) P. W. Jennings M.D.
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month April day 29
year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from April 13th, 1941, to April 27, 1941, that I last saw her alive on April 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death. cerebral hemorrhage

Due to _____

Due to _____

Other conditions. Diabetes mellitus 4 years
(Include pregnancy within 3 months of death)

Major findings: none

Of operations. none

Of autopsy. none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence. none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

(Specify type of place)

While at work? none (e) Means of injury. none

23. Signature. Anna Thresher (M. D. or other)

Address. Lewistown Mo Date signed 4-28-41

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

7600

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-963

Date Filed MAY 20 1941

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 Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed James Alades

Licensed Embalmer No. 2535

P. O. Address Quintana Roo

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.