

FILED JUL 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22883

Registration District No. 827

Primary Registration District No. 4500

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence
(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 years, months or days

3. (a) PRINT FULL NAME Clifford Eugene Bethel

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife If alive years

7. Birth date of deceased May 15-41
(Month) (Day) (Year)

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

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name Julius S. Bethel
13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Agnes Engel
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Lee Wright
(b) Address Clarence Mo

17. (a) Burial (b) Date thereof May 16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence Mo

18. (a) Signature of funeral director E. H. Hopper

(b) Address Clarence Mo

19. (a) July 9-41 (b) Ray Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Clarence
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15-
year 1941 hour 830 minute P M.

21. I hereby certify that I attended the deceased from May 15-
10am, 1941, to May 15- 630pm, 1941
that I last saw him alive on May 15-, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cataleptosis Duration 10 hours

Due to prematurity

Due to

Other conditions 154
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

751
While at work? (Specify type of place) (e) Means of injury Sm D

23. Signature D. J. Harlan (M. D. or other) May 16
Address Clarence Mo Date signed 1941

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1356

Date Filed JUL 16 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.