

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25279

State File No. _____

~~FILED~~ AUG 7 1941

Registration District No. 406

Primary Registration District No. 5560

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural, Twin Grove Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R# 1 Carl Junction
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 56 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jasper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R# 1 Carl Junction
(If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Catherine McClendon

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month July day 20
year 1941 hour 7 minute 10 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Andrew 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec. 19 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1941
_____, 19____, to July 12, 1941:
that I last saw her alive on July 12, 1941:
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>29</u>	hr. _____ min.

Due to Chronic nephritis 12/1/41

Due to _____

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

10. Usual occupation At Home

Other conditions Senile Psychosis, Gen.
(Include pregnancy within 3 months of death)

11. Industry or business None

12. Name Andrew Ulmer

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

14. Maiden name Catherine Long

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

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Alice Johnson

(b) Address R# 1 Carl Junction

17. (a) Burial (b) Date thereof July 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plesent Hill Cemetery

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? _____

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) July 21 (b) Thos. A. Knell
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature E. W. Meiners M.D. or other _____

Address Webb City Mo. Date signed 7-21-41

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

Duration 2 wks.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

41-8-649

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..... *James R. Kneep*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.