

FILED SEP 12 1941 25-  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3-827

Registrar's No. 101

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

1. PLACE OF DEATH: Nodaway  
 (a) County: Nodaway  
 (b) City or town: Maryville, Mo. (Rural)  
 (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 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Clara Luella Job  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

4. Sex: Female  
 5. Color or race: white  
 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William Job  
 6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: Oct. 24 1862  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 17  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Montrose / Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Solomon E. Bishop

13. Birthplace: Not Known  
 (City, town, or county) (State or foreign country)

14. Maiden name: Carolyn Spain  
 (City, town, or county) (State or foreign country)

15. Birthplace: Not Known  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Earnest Shelton

(b) Address: Quitman, Mo.

17. (a) Burial (b) Date thereof: 8 13 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Miriam Cemetery

18. (a) Signature of funeral director: Price Funeral Home  
 (b) Address: Maryville, Mo.

19. (a) Aug. 13, 41 (b) Mamie E. Clardy  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Nodaway 78  
 (c) City or town: Maryville (Rural) 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: 1 mi. S.E. of Maryville. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11  
 year 1941 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 10, 1941, to July 11, 1941;  
 that I last saw her alive on July 11, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis  
 Angina Pectoris

Due to: Scurvy

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

Duration  
 PHYSICIAN  
 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?  
 (Specify type of place)

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

23. Signature: M. Byles (M. D. or other) \_\_\_\_\_  
 Address: Maryville, Mo. Date signed: 8-13-41

**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.....

*John W. Price*

Licensed Embalmer No.....

*3229*

P. O. Address.....

*Maryville 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.**