

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

JAN 13 1942

Registration District No. 6619

Primary Registration District No. 58-274370

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Clearmont, Mo.  
(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. 42 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway  
(c) City or town Clearmont, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7  
year 1941 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov 7  
1941 to Nov 7 1941  
that I last saw W alive on Nov 6  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
hemorrhage Duration 3 days

Due to 43A  
Due to

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

Major findings:  
Of operations none  
Of autopsy none  
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? ✓

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

23. Signature R. B. Humphrey (M. D. or other) 0  
Address Clearmont, Mo. Date signed 11/19/41

3. (a) PRINT FULL NAME Clara Belle Criger

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm. Criger 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 24 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 13  
If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name Samuel Gohn

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

14. Maiden name Katharine Demaree

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

16. (a) Informant Wm Criger

(b) Address Clearmont, Mo.

17. (a) Burial (b) Date thereof Nov 9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont, Mo.

18. (a) Signature of funeral director Price Funeral Home

(b) Address Marionville, Mo.

19. (a) 12/20/41 (b) W. B. Humphrey  
(Date received local registrar) (Registrar's signature)

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

14  
0  
0

MOTHER FATHER

590

**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 Clayton M. Paine

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.**