

No. 2
4-41
17-39
K29484

JAN 8 1942
Registration District No. **14**

Primary Registration District No. **5944**

Registrar's No. _____

5500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Pulaski**

(a) County: **Pulaski**

(b) City or town: **Big Piney, Mo. (Rural)**

(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: **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Pulaski**

(c) City or town: **Big Piney, Mo.**

(d) Street No. _____ (If rural, give location) **NO**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: **Clara Lee Ichord**

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

4. Sex: **Female** 5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Single**

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

7. Birth date of deceased: **Dec 17 1886**

8. AGE: Years **54** Months **10** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace: **Pulaski Co. Missouri**

(City, town, or county) (State or foreign country)

At home

10. Usual occupation _____

11. Industry or business _____

12. Name: **William DeWitt Ichord**

13. Birthplace: **Tenn.**

14. Maiden name: **Mary Ellen Harman**

15. Birthplace: **Ind.**

16. (a) Informant: **John Ichord**

(b) Address: **Waynesville, Mo.**

17. (a) **Burial** (b) Date thereof: **Dec. 13, '41**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Big Piney, Mo.**

18. (a) Signature of funeral director: **J. L. HOOPS & SONS.**

(b) Address: **Crocker, Mo.**

19. (a) **12126** (b) **C. DeWitt**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **12th** year **1941** hour **12** minute **15** P. M.

21. I hereby certify that I attended the deceased from **December 9** 19**41** to **December 9** 19**41** that I last saw her alive on **December 9** 19**41** and that death occurred on the date and hour stated above

Immediate cause of death: **Uremic poisoning**

Duration _____

Due to: **Nephritis**

Due to _____

Other conditions: **Mental deficiency, partial Paralysis, Incontinence of urine**

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (a) Means of injury: **2**

23. Signature: **R. O. DeWitt** (M. D. or other) **DO**

Address: **Waynesville, Mo.** Date signed: **12-17-41**

642

RECEIVED

Pulaski County Health Officer

File Number 142-97

Date Filed 1-6-47

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.

Not Embalmed

Signed Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Waynesville, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 714

Primary Registration District No. 5944

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pulaski

(b) City or town Map Pinery
(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 years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara L. Schord

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I or saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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 Jan 17
(Month) (Day) (Year)

Immediate cause of death Chronic Nephritis
Decompensated Heart
Decompensated Kidneys

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

8. AGE: Years 54 Months 10 Days 15
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1316

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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. O. Derritt (M. D. or other) DO
Address Waynesville Date signed 2/12/42

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

SUPPLEMENTARY

S-42775