

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard / 03
(c) City or town Bloomfield / 2
(If outside city or town limits, write "RURAL") / 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ / 0

3. (a) PRINT FULL NAME ETTA MAY POUTHIES

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Pouthies 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 27, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Franklin McClard
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Hill
15. Birthplace Not known / Not known (City, town, or county) (State or foreign country)

16. (a) Informant Marie McClard
(b) Address Bloomfield, Mo. Rural

17. (a) Burial (b) Date thereof Feb. 9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) Feb. 17 1942 (b) Earl Clewore
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1942 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from FEB. 7 1942 to FEB. 8 1942
that I last saw h. OR alive on FEB. 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

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? _____

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

23. Signature R. L. Laves (M. D. or other) _____
Address BLOOMFIELD Date signed 2-9-42

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

3
0
2

RECEIVED

District Health Office No. 2,

District File Number 342/340

Date Filed 3/10/42

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 Deceased was not embalmed.

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, fact should be so stated above.