S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11524

FILED APR 10 1942

Registration District No. 6850

Primary Registration District No. 5861

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town ~~Dora,~~ Mo. (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Richland Inj
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark 77

(c) City or town Dora. Mo. (rural) 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Christina Jane Click

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife C. L. Click

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec. (Month) 5 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	3	8	hr. min.

9. Birthplace Ambrose (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Cobb
13. Birthplace Ambrose (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Angeline Martin
15. Birthplace Ambrose (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant Tressa F. Page
(b) Address Hartman Colorado.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 14 (Day) 1942 (Year)
(c) Place: burial or cremation Ball Cem.

18. (a) Signature of funeral director H. L. Marler
(b) Address Gainesville, Mo.

19. (a) 3-18-1942 (Date re[illegible] local registrar) (b) O. S. Claybrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from June 1, 1941, to Mch 13, 1942
that I last saw her alive on Mch 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myo Carditis
Hyper tension
also Diabetis Mel.

Duration
2 yrs
18 mo.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

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? (e) Means of injury

23. Signature C A Beach (M. D. or other) MD

Address Elyah Mo Date signed 3-16-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 442-442

Date Filed APR 9 1942

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 .....

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.