

Registration District No. 3/8

Primary Registration District No. 2001

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
 (c) Name of hospital or institution: 1449 N. Lyon
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 20 years
 In this community 20 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARICY JANE FIRESTONE
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife David A. Firestone
 (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased April 29 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 22 hr. min.

9. Birthplace Murray County / Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Thomas A. Minor
 13. Birthplace unknown / Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name (Unknown) Dolley
 15. Birthplace unknown / Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Alfred Firestone

(b) Address Springfield Mo. Rt. 6

17. (a) Burial (b) Date thereof 4/23/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

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

(b) Address Springfield, Mo.

19. (a) 4-23-42 (b) B. W. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 39
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1449 N. Lyon
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
 year 1942 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from 2-17-42, 1942, to 4-17-42, 1942;
 that I last saw his alive on 4-17-42, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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? _____

23. Signature B. W. Handley (M. D. or other) 0
 Address Springfield, Mo. Date signed 4-22-42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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.....

Fred C. Thieme

Licensed Embalmer No..... 2899

P. O. Address..... Springfield, 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.