

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18732

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

I. PLACE OF DEATH:

- (a) County Pike
(b) City or town Clarksville 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 _____ (Specify whether)
In this community all her life
years, months or days

3. (a) PRINT FULL NAME Rose Alice Hytson

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John S Hytson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 13 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Hill
13. Birthplace Clarksville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucky Madden
15. Birthplace Clarksville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bulah Aytson
(b) Address Clarksville
17. (a) Burial (b) Date thereof 6-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarksville

18. (a) Signature of funeral director W. Brown
(b) Address Clarksville Mo
19. (a) May 4, 1942 (b) Kerene H. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike
(c) City or town Clarksville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1942 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 29, 1942, to May 1st, 1942,
that I last saw her alive on May 1st, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Arterio Sclerosis
Due to Age

Other conditions (Include pregnancy within 3 months of death) 830

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 E. M. Bartlett (M. D. or other) _____
Address Clarksville Mo Date signed 5/2/42

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

RECEIVED

District Health Officer No. 10

District File Number 6-42-1256

Date Filed JUN - 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.....

Harold Garner

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Harold Garner

Licensed Embalmer No. 3720

P. O. Address Indian 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, above space should be left blank.