

FILED JUL 8 1942
Registration District No. _____

Primary Registration District No. 3011

24

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ball Sanitarium
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Green
(c) City or town Waverly from mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R. R.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs Eva Claypool

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1942 hour 7:30 minute 5/28 M. 42

21. I hereby certify that I attended the deceased from 6/19 to 6/19, 1942
that I last saw her alive on 6/19 and that death occurred on the date and hour stated above.

Immediate cause of death

Neurotic Colitis
infection

Duration

2

Due to _____

Other conditions Acute Endocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

120 f 2

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name B. F. Holder

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

14. Maiden name Nancy Harriet Geneva Holder
(City, town, or county) (State or foreign country)

15. Birthplace Tenn. O. 1
(City, town, or county) (State or foreign country)

16. (a) Informant A. Brown

(b) Address Waverly from mo

17. (a) Burial (b) Date thereof 6-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly from mo

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Mo.

19. (a) 6-20-42 (b) Mrs Sadie Redman
(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 Thos Truesen (M. D. or other) D
Address Excelsior Springs Mo. Date signed _____

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-7-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.