

Registration District No. 496
Filed JUL 15 1942

Primary Registration District No. 3025

58
2-1

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 235 E Clayton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 235 E Clayton
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMMA RACHEL CLAPP

3. (b) If veteran, name war: _____

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

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

(b) Name of husband or wife Salomon R. Clapp

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May - 24 - 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Spencer

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

14. Maiden name W. K.

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

16. (a) Informant S. R. Clapp

(b) Address Brookfield Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June - 26 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Hill Funeral Chapel

(b) Address Brookfield Mo

19. (a) 6-24-1942 (Date received local registrar)

W. W. Daman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1942 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from October 18 1941 to June 22 1942
that I last saw her alive on June 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to General debility - senile 15 yr

Due to _____

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

Major findings: Of operations 97

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? _____

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

23. Signature Robert Kaler (M. D. or other) 1942

Address Brookfield Date signed 6/24/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. 2216

P. O. Address Brookfield 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.