

No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25078  
State File No. \_\_\_\_\_  
Registrar's No. 76

FILED AUG 17 1942

Registration District No. 291

Primary Registration District No. 5998

86  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Putnam  
(b) City or town York 2nd  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Putnam  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ellen Klingsmith  
(b) If veteran, name war ✓  
(c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 17<sup>th</sup>  
year 1942 hour 6 minute 30 P.M.  
21. I hereby certify that I attended the deceased from June 1  
1942 to July 17, 1942  
that I last saw her alive on July 17 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 18 1861  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 93d

8. AGE: Years Months Days If less than one day  
80 6 29 hr. min.  
9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Basil Henley  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Rodgers  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A. S. Paulley  
(b) Address Powersville, Mo.  
17. (a) Burial (b) Date thereof July 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Plain  
18. (a) Signature of funeral director Noel Moss  
(b) Address Greentown, Mo.  
19. July 27 - 1942 (b) C. S. Paulley  
(Date received local registrar) (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 Dr. G. W. Dale (M. D. or other) D.O.  
Address Newtown, Mo. Date signed 7/18/42

RECEIVED  
District Health Officer No. 10  
District File Number 8-42-1632  
Date Filed AUG 14 1949

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Paul Moss  
Licensed Embalmer No. 2634  
P. O. Address Princeton, N.J.

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.