

BUREAU OF THE CENSUS
FILED AUG 26 1942

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Liberty Town Ship
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski

(c) City or town Rural "Liberty Township"
(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 Clyde Exendine

3. (b) If veteran, name war no

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 7 day 7th
year 1942 hour 7 minutes 20 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased June 20, 1923
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 7 to Aug 8 1942

that I last saw him alive on Aug 7 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>1</u>	<u>17</u>	hr. min.

Immediate cause of death fracture respiratory

Due to cardiac edema

Due to fracture wounds of brain

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

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

10. Usual occupation Farmer

11. Industry or business.....

Major findings: Of operations 164c

Of autopsy.....

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

MOTHER FATHER

12. Name Marion Exendine

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

14. Maiden name Elva Marrs

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Aug 6, 1942

(c) Where did injury occur? Rural Pulaski Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
(Specify type of place)

16. (a) Informant Marion Exendine

(b) Address Waynesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/42
(Month) (Day) (Year)

(c) Place: burial or cremation Iduma Cem.

While at work? no (Specify type of place)

23. Signature P. Mallitt (M. D. or D. O.)
Address Waynesville Mo. Date signed 8-11-42

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Waynesville, Mo.

19. (a) 8-18-1942 (Date received local registrar) (b) Chas. D. Dell (Registrar's signature)

1110

RECEIVED

Pulaski County Health Officer

File Number 8-42-112

Date Filed 8-24-42

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville, 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.