

FILED OCT 14 1942

Registration District No. 5701

Primary Registration District No. 5701

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Madison
(b) City or town St. Michael Sup.
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Jesse Ozias Clouse

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

4. Sex male 5. Color or race W. 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 Sept 2 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Jacob Clouse
13. Birthplace Iowa
14. Maiden name Sarah Abigail Beard
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. C. Cooper
(b) Address Fredericktown Mo

17. (a) Burial (b) Date thereof Oct 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cem. Fredericktown Mo

18. (a) Signature of funeral director Ed. Hewitt
(b) Address Fredericktown Mo

19. (a) Oct 1 1942 (b) S. C. Strangher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 30
year 1942 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept 28
1942, to Sept 30, 1942
that I last saw him alive on Sept 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to apoplexy

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

Major findings: Of operations _____

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 fall

23. Signature Keith L. Hull (M. D. or other) MD
Address Fredericktown, Mo Date signed 10-1-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 1042-1255
Date Filed 10-13-42

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.

Not Embalmed

Signed E. H. Weber

Licensed Embalmer No. 731

P. O. Address Fredericktown 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.