

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 9 1942  
 Registration District No. 206

Primary Registration District No. 5-75-2

Registrar's No. 72

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

1. PLACE OF DEATH:  
 (a) County Madison  
 (b) City or town Rural Twelve Mile Twp  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 54 years (Specify whether years, months or days)  
 In this community 54 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Madison  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Twelve Mile Twp  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Fred Christopher Clauser  
 3. (b) If veteran,  name war ✓  
 (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 26<sup>th</sup>  
 year 1942 hour 7 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from Oct 26 1942 to Oct 26 1942  
 that I last saw him alive on Oct 26 1942  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Margaret Clays 6. (c) Age of husband or wife if alive 4 years  
 7. Birth date of deceased Aug 4 1870  
(Month) (Day) (Year)

Immediate cause of death:  
Coronary Occlusion  
 Due to .....  
 Due to .....  
 Other conditions (include pregnancy within 3 months of death) 9/4a

8. AGE: Years 72 Months 2 Days 22 If less than one day chr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name John Clauser

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

14. Maiden name Mae Smith

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

16. (a) Informant Oscar Clauser

(b) Address Fredricktown Mo

17. (a) Burial (b) Date thereof 10-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Lane

18. (a) Signature of funeral director Ed Webb

(b) Address Fredricktown Mo

19. (a) Oct 27 1942 (b) S. G. Slaughter  
(Date received local registrar) (City or county) (State)

Major findings:  
 Of operations .....  
 Of autopsy .....

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

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 Willard Shash (M. D. or other) D.O.  
 Address Fredricktown Mo Date signed 10-27-42

Health Officer No. 3  
District File Number 1142-1337  
Date Filed 11-6-42

**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 *John H. Holt*  
Licensed Embalmer No. 4264  
P. O. Address *Friedericktown*

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.