

S. No. 2  
OM-5-42  
Rev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38210

FILED NOV 19 1942

Registration District No. 6087

Primary Registration District No. 4472

Registrar's No. 48

97  
1-20

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

1. PLACE OF DEATH: Saline

(a) County: Saline

(b) City or town: Saline  
(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: All his life 70 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo County: Saline

(c) City or town: Saline  
(If outside city or town limits, write "RURAL")

(d) Street No.: W. Walnut Street  
(If rural, give location)

(e) Citizen of foreign country? No (If yes, name country: \_\_\_\_\_)

3. (a) PRINT FULL NAME: Clarence W. Ish

3. (b) If veteran. ✓ name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11, day 13, year 1942 hour 11 minute 40 P.M.

4. Sex: Male 5. Color or race: White

6. (a) Single, ~~Married~~, ~~Widowed~~, ~~Divorced~~

6. (b) Name of ~~husband~~ wife: Paula 6. (c) Age of ~~husband~~ wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: April-9-1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-1-1941 to 11-13-1942

that I last saw him alive on November-13-1942 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 7 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Aneurism aorta

Due to: Kline Position

9. Birthplace: Near Saline Saline Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired City Policeman

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 30d

11. Industry or business: \_\_\_\_\_

12. Name: Clarence W. Ish

13. Birthplace: Near Saline Saline Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Ish

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Clarence W. Ish

(b) Address: Saline Mo

17. (a) Clarence W. Ish (b) Date thereof: 11-15-42  
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation: \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

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: D

18. (a) Signature of funeral director: Clarence W. Ish

(b) Address: Saline Mo

19. (a) 11-16-42 (b) Mr. John Giger  
(Date received local registrar) (Registrar's signature)

23. Signature: M. C. Duggins (M. D. or other) \_\_\_\_\_

Address: Saline Mo Date signed: 11/14/42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-17-42

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 \_\_\_\_\_

Licensed Embalmer No. 3143

P. O. Address. Slater Ave

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.