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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1943

42169

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 335 Primary Registration District No. 4492 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Scott
(b) City or town Crane
(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 —
(Specify whether years, months or days)
In this community —

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Scott
(c) City or town Crane
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years. 0

3. (a) PRINT FULL NAME Clara Greenwell Mercer
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex fem
5. Color or race w
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct 3 1876 (Month) (Day) (Year)
8. AGE: Years 66 Months 2 Days 14 If less than one day — hr. — min.
9. Birthplace Kentucky (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business —
FATHER
12. Name B J Greenwell
13. Birthplace — (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Mary K Drury
15. Birthplace — (City, town, or county) Ky (State or foreign country)
16. (a) Informant Drury Mercer
(b) Address Ex Scott Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crane Mo
18. (a) Signature of funeral director Hensley Funeral Home
(b) Address Crane Missouri
19. (a) 1-2/42 (Date received local registrar) (b) H Richman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 17 year 1942 hour 5 minute — a. M.
21. I hereby certify that I attended the deceased from 12/15, 1942, to 12/17, 1942, that I last saw he alive on 12/16, 1942, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 2 da |
| Due to — | |
| Due to — | |
| Other conditions (Include pregnancy within 3 months of death) Vascular Hypertension | 1 yr |

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J R Cline D (M. D. ~~or other~~)
Address Crane Mo Date signed 12/17/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 143-14
Date Filed 1-4-43

## 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.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**